

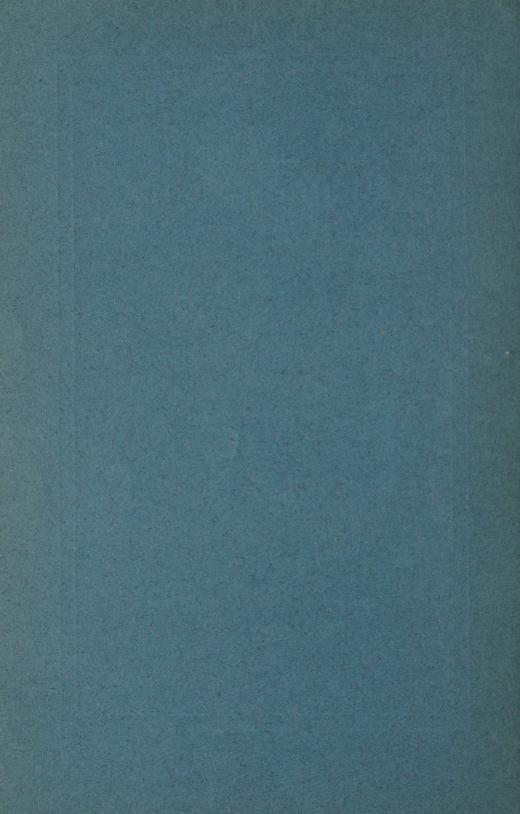
The Instructive District Nursing Association
37th Annual Report

The Baby Hygiene Association
14th Annual Report

561 Massachusetts Avenue, Boston
1923

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### The Community Health Association

A Statement of Work Planned

362.06 COM 1922-23,

#### STATEMENT BY THE PRESIDENT

THE Community Health Association has functioned now for some three months. During this short period it has already demonstrated that the consolidation of work was justified. Few of us dared hope that so well-balanced and closely knit an organization could be developed inside a year. That this result has so rapidly been accomplished is due to the splendid spirit of coöperation; "give and take" and "live and let live" on the part of all concerned. Some of the problems were difficult but they were not insurmountable.

Too much credit cannot be given to Miss Beard, who, throughout, has had a clear vision of the object to be accomplished and has from the start realized that the safest way to proceed was the cautious step by step method, thereby avoiding the danger of leaping without looking.

Perhaps the hardest part to play was that of Miss Rand. To have accomplished a splendid piece of work by one method and then to be asked to do the same work by another method, or by the same method modified, was no easy situation to be placed in. She has faced it with courage; we owe her a debt of gratitude.

Today the two old groups of nurses are one. They wear the same uniform and are keenly interested in the success of the Community Health Association. They have had a hard winter and, as in the past, have shown constant devotion and often heroism.

Barring the ever-present financial problem the outlook is bright for a career of usefulness to the community.

WM. ARTHUR DUPEE.

OCT 2 0 1924

UNIVERSITY OF ILLINOIS

#### STATEMENT BY THE DIRECTOR

Some one has said that "Science travels on the back of accumulated facts." If this is true, the story told in the following reports of the Instructive District Nursing and Baby Hygiene Associations in 1922 has advanced the progressive journey of the science of preventive medicine.

Preventive medicine depends, today, upon public health nurses to bring home its marvelous facts to every individual and community in the country. We aren't interested in health when we are well. People do not put money into an investment unless they believe it will be profitable; so, although "public health is purchasable," and the community organization producing public health may be established in any community able to carry the expense of it, still we are far from attaining that degree of public health which is at our command.

Public health organization saves lives that become valuable to the race, and it also greatly improves conditions of living. Living is made better even when life is not prolonged.

We know well how to do this. All our effort must be directed to the extension of those life-saving and better-living services so that all who live in the community may profit by them. To do this we must "sell the idea" of health in all our neighborhoods. Public health may be bought, but it will not be bought unless the people want to buy it.

In attempting to extend health services into every neighborhood and every family where they are needed, we are undertaking what as yet has never been done. Ignorance of all that concerns positive health is very general amongst prosperous people as well as amongst those of low income. Our social maladjustments affect our health. Unemployment makes sickness; sickness spreads from one part of town to another. Doctors must live, and while our organization for community health remains incomplete, there is no means of

securing adequate medical and surgical service for all the people at rates they can pay and doctors afford to accept.

Every neighborhood must be organized in such a way that the health services described in the following reports may be extended to meet the needs of every one living in these neighborhoods. In every neighborhood an intelligent effort must be made to spread abroad the information that will make people buy health. We have reached a period when nothing is needed but to extend the health protection services which we have proved to be of value. Very startling will be the results when we have done this simple but immense thing. Probably the city government, through municipal health centers, can most effectively focus attention on neighborhood health. Certainly our Commissioners of Health must plan the way to do so. Since the public is uninterested, in normal times, in health protection, we have never had a strong enough public opinion to enable Commissioners of Health to get adequate appropriations for an ideal program. So it has come about that private health agencies are doing work which the people have never demanded of their Department of Health.

From municipal health centers, public health nurses make home visits of instruction and give demonstrations in matters concerning family standards of health. At the centers there are held at regular times preventive clinics (baby conferences, nutrition classes, posture classes, mothers' classes). We try to combine family visiting, effectively done, with expert medical supervision provided at health center clinics and linked with hospitals and out-patient departments when care of sickness requires. This type of organized health work extended to every section of the city, with a local committee for each section, will show remarkable results in improving the public health of Boston.

Official and private health agencies must work together to enlighten public opinion. When private health agencies come together, as the Instructive District Nursing Association and the Baby Hygiene Association have done, much more effective work with the Department of Health can be accomplished.

Three months of the year are past. In this first quarter the Community Health Association has ordered its work as follows:

The Board numbers 33 members with 3 additional members ex-officio, a total of 36. There are 8 divisions of work.

A temporary committee on districting the city, Mr. Horace Morison, Executive Secretary of the Health League, Chairman, has completed a valuable report with recommendations, which the Community Health Association is now putting into operation. There are already evidences of its wisdom. In one section, where a distant neighborhood has been made a center for branch work, three hours a day have been saved in traveling time for the two nurses working there.

An important policy has been adopted by the Board of the Community Health Association. Each nurse shall perform as many types of nursing service in a home as are practical without impairing the efficiency of the work. Experts on special subjects are necessary and shall be employed to carry out this policy. The arrangement of work thus suggested will immediately be put into effect in the North End, and will gradually be assumed throughout the city.

There are 238 workers of the Community Health Association. Of this number there are:

161 nurses (including the general director, the directors of individual departments, and supervisors)

12 nutrition workers

34 doctors

I dentist

19 office workers in the Central House

6 office workers in the Branch Stations

4 in the Mental Hygiene Department

I housemother

Our Committee members, who are not necessarily Board members, number 301.

The School of Public Health Nursing of Simmons College is jointly directed by the Community Health Association and the College. The Dietetic Bureau, formerly a part of the Baby Hygiene Association, becomes the Division of Nutrition under the Community Health Association. A demonstration in Habit Clinics for children, financed by the Federal Children's Bureau, under Dr. Douglas A. Thom, is a part of the conference work of the Division of Child Hygiene.

The Community Health Association ties itself to the other family agencies in Boston through its participation in the Boston Council of Social Agencies, and it is one of the constituent agencies composing the Boston Health League.

\*"The social and economic implications of public health ought not to be overlooked. Public health depends not only upon sanitation and the control of contagious diseases, but on nutrition, housing, recreation, mental content and serenity. In this large sense public health becomes a question of the standard of living, of economic production, and the distribution of wealth. In short, it raises the whole social problem. It is intimately related to the entire field of public welfare. In this wider meaning it calls for more than the governmental activity of a health department. It demands the coöperation of all welfare agencies, each one of which can make a contribution to public health considered in its social relations."

MARY BEARD.

<sup>\*&</sup>quot;Public Health is Purchasable," by Dr. George A. Vincent, in Better Times, March, 1923.

#### **BOARD OF MANAGERS**

President
WILLIAM ARTHUR DUPEE, 262 Summer Street

Vice-Presidents

Mrs. Ernest Amory Codman, 227 Beacon Street Richard M. Smith, M.D., 355 Marlborough Street

Treasurer
Ingersoll Bowditch, 111 Devonshire Street

Secretary
Mrs. Morton P. Prince, 101 Chestnut Street

ROBERT AMORY MISS MARY A. BARR MISS ESTHER G. BARROWS DR. ALICE F. BLOOD Mrs. J. GARDNER BRADLEY B. PRESTON CLARK MRS. PHILIP S. DALTON MISS EMILY G. DENNY MRS. ROBERT L. DENORMANDIE WILLIAM ELLERY MISS LINA H. FRANKENSTEIN Mrs. L. Cushing Goodhue MRS. JOHN L. GRANDIN Mrs. N. Penrose Hallowell DR. ALICE HAMILTON MRS. JOHN C. HUNT MRS. CARL T. KELLER Mrs. James Lawrence CHARLES E. MASON MISS E. M. NICHOLS ROPERT B. OSGOOD, M.D. MRS. FRANCIS W. PEABODY MISS GERTRUDE W. PEABODY JAMES J. PHELAN STEPHEN RUSHMORE, M.D. MRS. RICHARD P. STRONG FELIX VORENBERG MRS. ROYAL WHITON

48 Franklin Street, Boston 29 Wallingford Road, Boston 40 West Newton Street, Boston 3 Concord Avenue, Cambridge 312 Beacon Street, Boston 55 Kilby Street, Boston Adams Street, Milton 111 High Street, Brookline 357 Marlborough Street, Boston 263 Summer Street, Boston Hotel Victoria, Boston 389 Beacon Street, Boston 54 The Fenway, Boston Brush Hill Road, Readville 227 Beacon Street, Boston Brush Hill Road, Hyde Park 57 Mount Vernon Street, Boston Brush Hill Road, Hyde Park 30 State Street, Boston 36 Maxfield Street, West Roxbury 372 Marlborough Street, Boston 50 Brimmer Street, Boston 13 Kirkland Street, Cambridge 60 Congress Street, Boston 520 Commonwealth Avenue, Boston 225 Brattle Street, Cambridge 13 Winter Street, Boston 36 Melville Avenue, Dorchester

#### MEMBERS EX-OFFICIO

MISS SALLY JOHNSON

FRANCIS X. MAHONEY, M.D.

MISS ANNE H. STRONG

Superintendent of Nurses, Massachusetts General Hospital Commissioner of Health, City Hall Annex Director of the School of Public

Director of the School of Public Health Nursing, 561 Massachusetts Avenue

#### EXECUTIVE COMMITTEE

WILLIAM ARTHUR DUPEE
MISS MARY A, BARR
MRS. J. GARDNER BRADLEY
MRS. ERNEST AMORY CODMAN
MISS LINA H. FRANKENSTEIN
MRS. L. CUSHING GOODHUE

MRS. JOHN L. GRANDIN
MRS. JOHN C. HUNT
MRS. FRANCIS W. PEABODY
MISS GERTRUDE W. PEABODY
MRS. MORTON P. PRINCE
STEPHEN RUSHMORE, M.D.

RICHARD M. SMITH, M.D.

MRS. ROBERT L. DENORMANDIE, (omitted through typographical error

#### STANDING COMMITTEES

- I. VITAL STATISTICS—Director, Mae Chapin, R.N.

  Committee on Vital Statistics—Chairman, Francis X. Mahoney,
  M.D., Commissioner of Health, City of Boston.
- 2. FINANCE— Committee on Finance—Chairman (to be appointed).
- Medicine—Medical Director—Chairman of Committee, Richard M. Smith, M.D.
- 4. Nursing and Field Work—Director, Marion M. Rice, S.B., R.N. Committee on Nursing and Field Work—Chairman, Mrs. E. A. Codman; Vice-Chairman, Mrs. John C. Hunt.
- 5. CHILD HYGIENE—Director, Winifred Rand, A.B., R.N. Committee on Child Hygiene—Chairman, Richard M. Smith, M.D.
- 6. NUTRITION—Director, Ruth L. White, S.B. Committee on Nutrition—Chairman, Dr. Alice F. Blood.
- 7. Mental Hygiene—Director (to be appointed). *Committee* (to be appointed).
- 8. House and Station Headquarters—House Mother, Gertrude H. Sawyer.

  House Committee—Chairman, Mrs. Carl T. Keller.

#### COMMITTEES APART FROM DIVISIONS ARE-

- I. Executive—(Policy of rotation of membership), meets weekly, all Board members are welcome.
- 2. COMMITTEE ON COMMUNITY ORGANIZATION—Chairman, Miss Gertrude W. Peabody.
- 3. COMMITTEE ON PUBLICITY—Extension Secretary, Sarah W. Cutting; Chairman of Committee, Mrs. Francis W. Peabody.
- 4. COMMITTEE ON LEGISLATION—Mrs. Francis W. Peabody.

#### LOCAL CHAIRMEN

Brighton-Allston
Mrs. Edwin L. Drowne

119 Arlington St.

Charlestown

Mrs. William B. Dodge Hotel Salem

Dorchester (entire district)
MRS. ROYAL WHITON
36 Melville Ave.

Blue Hill Avenue

Mrs. Robert Hartstone 570 Blue Hill Ave., Roxbury

Field's Corner

Mrs. G. M. Mason 354 Adams St., Dorchester

Upham's Corner
Miss Jennie Breed
6 Cushing Terrace, Boston

East Boston

Mrs. William McClellan 150 Waupello Rd.

Hyde Park

Mrs. E. Van D. Tirrell 60 Beacon St.

Jamaica Plain

MISS LOUISE COBURN
19 Eliot St.

Roslindale

HARRY A. GILMAN 21 Ainsworth St.

Roxbury

MISS ALICE FALVEY
133 Bay State Rd., Boston

South Boston
MRS. JOHN F. STOUT
47 Old Harbor St.

West Roxbury
Miss Emma M. Nichols
36 Maxfield St., Boston

### Report of the work of

# The Instructive District Nursing Association

for the year ending December 31, 1922



#### ORGANIZATION

#### CENTRAL HOUSE

No. 561 MASSACHUSETTS AVENUE, BOSTON Telephones, Back Bay 6470 and 6471

DIRECTOR

#### ASSOCIATE DIRECTOR

#### CHIEF OF STAFF

Anne M. Devanny, R.N. Appointed in September

#### ASSISTANT TO CHIEF OF STAFF

Anna J. Foley, R.N. Appointed in September

Extension Secretary
SARAH W. CUTTING

Registrar
MAE CHAPIN, R.N.

Office Secretary
ELLEN HALE

Assistant to the Treasurer
LILIAN J. PAYSON

House Mother
GERTRUDE H. SAWYER

SUPERVISORS

Clinics
Anna J. Foley, R.N.

Maternity
MIRIAM A. AMES, R.N.

#### BRANCH STATIONS

Office Hours: 8.30 to 10 A.M.; 1.30 to 2.30 and 5 to 5.30 P.M.

BRIGHTON CHARLESTOWN DORCHESTER UPHAM'S CORNER FIELD'S CORNER BLUE HILL AVENUE EAST BOSTON HYDE PARK JAMAICA PLAIN NORTH END ROSLINDALE WEST ROXBURY ROXBURY SOUTH BOSTON

SOUTH END

WEST END

MARGARET A. BRANNICK, R.N. ADELAIDE M. HUDSON, R.N. IRENE A. GARDEN, R.N. EDNA M. PALMER, R.N. ALICE L. MACODRUM, R.N. MARGARET M. TYMON, R.N. AGNES V. MURPHY, R.N. ANNIE GILLIS, R.N.

> AGNES GUERIN, R.N. ANNA E. DOOLEY, R.N.

SADIE E. MILLER, R.N. MARGARET M. BRESLIN, R.N. MARGARET M. COLEMAN, R.N. AGNES B. CUNNINGHAM, R.N.

#### SCHOOL OF PUBLIC HEALTH NURSING

under the joint management of SIMMONS COLLEGE AND THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION 561 Massachusetts Avenue

#### ADVISORY COMMITTEE

THE PRESIDENT OF SIMMONS COLLEGE THE PRESIDENT OF THE DISTRICT NURSING ASSOCIATION EUGENE R. KELLEY, M.D. THE DIRECTOR OF

THE DISTRICT NURSING ASSOCIATION MARY E. WILLIAMS THE DIRECTOR OF THE SCHOOL

DAVID L. EDSALL, M.D., S.D. CURTIS M. HILLIARD, A.B. GERTRUDE W. PEABODY

#### STAFF

ANNE HERVEY STRONG, R.N., Director

MARION M. RICE, R.N., Instructor MARY M. MARVIN, R.N., Instructor KATHARINE S. HARRIMAN, Secretary

> MARY BEARD, R.N., Lecturer CURTIS M. HILLIARD, A.B., Lecturer MERRILL E. CHAMPION, M.D., C.H.P., Lecturer

#### MEMORIALS AND HONOR DAYS

Individuals and organizations interested in the work of the Instructive District Nursing Association have made contributions under specific conditions, often as memorials. These memorials have taken various forms, as is shown in the following list.

#### MEMORIAL NURSES

#### **ENDOWED**

THE FANNIE BARTLETT NURSE

EDNA PALMER, R.N. SUPERVISOR, FIELD'S CORNER

THE HELEN HOMANS NURSE
AGNES V. MURPHY, R.N. SUPERVISOR, HYDE PARK HEALTH CENTER

THE BERTHA J. RAEMISCH NURSE

Anne M. Devanny, R.N. Supervisor, South Boston

THE SARAH S. UPHAM NURSE

ALICE L. MACODRUM, R.N. SUPERVISOR, BLUE HILL AVENUE

#### ENDOWED FOR SIX MONTHS ANNUALLY

THE ANNE P. CARY NURSE

MILDRED KIMBALL, R.N. STAFF, SOUTH BOSTON

THE CLARA ENDICOTT DEBUCHY NURSE
ELIZABETH G. MILLER, R.N. ASSISTANT SUPERVISOR, SOUTH BOSTON

#### GIVEN YEARLY

THE THERESA H. BLAKE NURSE

SADIE E. MILLER, R.N. SUPERVISOR, ROXBURY

THE HELEN E. CARY NURSE
MARY McAvoy, R.N. STAFF, SOUTH BOSTON

THE REBECCA A. GREEN NURSE

HENRIETTA SUTTON DRISCOLL, R.N. STAFF, CHARLESTOWN

THE "IN MEMORIAM" NURSE

Marie Louise Giroux, R.N. Staff, Charlestown

THE MARY MINOT NURSE

MARY E. WELCH, R.N. ASSISTANT SUPERVISOR, NORTH END

THE LEE NEWMAN NURSE

AGNES W. SPEARS, R.N. ASSISTANT SUPERVISOR, FIELD'S CORNER
THE CORA WELD PEABODY NURSE

DOROTHY M. HOWARD, R.N. ASSISTANT SUPERVISOR, HYDE PARK

#### SUPPORTED FOR ONE DAY

#### ENTIRE ORGANIZATION

MAY 28 In Memory of Mrs. William A. Donald and Mr. Gordon Donald.

#### ONE STATION

Miss Abby W. Hunt Miss Mary S. Holbrook

Mrs. William B. Garritt and Miss Elizabeth M. Garritt

#### **MEMORIALS**

In Memory of "A Little Girl Gone Home." (The care of all sick children visited during one day.)

" " Ferdinand Strauss

" " J. S.

" " Mrs. Kimball " Raymond

" " Mr. Reuben King " Rhoda P. Eaton

" " Misses Martha Curtis Stevenson,
Annie Brace Stevenson and
Frances Greeley Stevenson

(New endowment funds of the Community Health Association will be reported in 1923.)

#### SUPPORTED BY CHURCHES

ARLINGTON STREET CHURCH

HELEN J. MARBLE, R.N.

STAFF, WEST END

KING'S CHAPEL

MARGARET M. TYMON, R.N.

SUPERVISOR, EAST BOSTON

MEMBER OF KING'S CHAPEL

ADELAIDE M. HUDSON, R.N.

SUPERVISOR, CHARLESTOWN

OLD SOUTH CHURCH

LILLIAN M. KLAPACS, R.N.

STAFF, SOUTH BOSTON

### ENDOWED IN PERPETUITY: ONE DAY SUPPORT OF TWO STATIONS

November 14 In Memory of Rev. and Mrs. Ithamar Beard on Miss Mary Beard's birthday, by nurses—staff, students, substitutes—of the Instructive District Nursing Association, South Boston and Charlestown.

#### SUPPORT OF ONE NURSE

Easter Even Anonymous Easter Even Anonymous

April 10 In Memory of "A. L. H."

October 8 In Memory of Mrs. Abbie P. Holbrook, by Mr. and Mrs. Walter H. Holbrook

December 24 By Mrs. William B. and Miss Elizabeth M. Garritt

#### REPORT OF THE MANAGERS

THE work of the Instructive District Nursing Association was handicapped during the past year by the fact that the Association was without a Director, Miss Beard had resigned in the Spring of 1921 in order to take a year for rest and recuperation. The Board, after careful consideration, decided to run the Association without a Director in the hope that Miss Beard would return again at the end of the year.

Miss Anne Devanny, one of the supervisors, was appointed Chief of Staff. Miss Anna J. Foley, Supervisor of Clinics, as her assistant. Four of the supervisory group acted with the chiefs as a committee of the Staff. Mrs. Codman, the President, became practically executive officer, giving almost full time to the work of the Association. Miss M. Grace O'Bryan, who had been Miss Beard's associate, remained as professional consultant, a part-time position, but was obliged on account of ill-health to resign early in the year. After Miss O'Bryan's resignation Miss Mary Gardner, of Providence, acted in the capacity of professional consultant, coming to Boston several times for meetings, both with the Board and with the Staff, and giving most generously of her time.

At the beginning of the year, it was decided to hold back on new developments; our prayer was for nothing unusual to happen, to have no heavy strain put upon us.

It came, nevertheless, in January and February, when an increase in the respiratory diseases virtually amounted to an epidemic. The entire number of grippe, bronchitis, pneumonia, and other respiratory diseases cared for was 5,915 cases, as compared with 2,813 of the year 1921.

Former experience had taught us much, and the technique of the management of an epidemic had been pretty thor-

oughly worked out, but it was the steadfastness of the Staff, nurses, office workers, and house-mother, combined with the devotion of the Board of Managers, which made it possible for us to pull through without disaster.

During the year 317,403 visits were made to 38,740 patients, an increase of almost 4,000 patients and of more than 29,000 visits over 1921.

All of the communicable diseases increased except typhoid, which dropped to only 22 cases. Acute and communicable diseases amounted to over 44 per cent of our total number of cases, and over 32 per cent of the total number of visits.

Among the chronic diseases there were increases especially in cancer and diseases of the heart. Almost 17 per cent of all the visits of the year were made to chronic patients.

There was an increase in the number of prenatal cases, 5,362, as compared with 5,188 of last year. With the increase in work there was a decrease in the number of visits due to more careful coöperation with the work of the hospital clinics. Forty-one per cent of the entire number of visits of the year was for maternity work.

There was a slight increase in the number of babies registered at the three clinics, an increase in home visits, and an excellent increase in the clinic attendance, 4,982, as compared with 3,565 of last year. There were 605 children registered at the Child Health Clinic at the Hyde Park Health Center. A creditable amount of corrective work has been accomplished through this Center. Thirty-eight nutrition classes were held with good results; 32 per cent of the cases of diseased tonsils were operated upon, and 28 per cent of the necessary dental work done.

We have hoped for years to have a colored nurse on the Staff. Miss Florence Johnson graduated from the School in June, and was taken on to the Staff immediately. She works in a district of both white and colored people, and it is inter-

esting to note that since she joined the Staff, work among the colored people has doubled.

Two constructive pieces of work can be laid to this year in which no new developments were planned. One is the establishment of clerical helpers in the stations and the other is the training of an orthopedic nurse supervisor. The first came about at the time of the influenza pressure, when we placed clerical workers on half and whole time in eight of the stations, the cost of the experiment being met by gifts from the Permanent Charity Fund and from interested individuals. When the supervisors asked that the clerks be retained, we appealed again to the Permanent Charity Fund to help us retain the minimum number required throughout the year. We stated that, in our opinion, by the end of the year the efficiency and economy of the plan would be so established that the budget for another year would have to include an appropriation for station clerks. It is interesting to know that this is exactly what has happened. The Permanent Charity Fund took the question up immediately, with the result that we were given \$2,000 toward the expense. More money was privately given and \$100 was appropriated from the Instructive District Nursing Association funds. This enabled us to engage six clerical workers, two working whole time in two of the heaviest stations, and four working one-half time in eight stations.

Miss Coleman, who was asked in the Fall of 1921 to return to the Association as supervisor, was given the chance of getting experience in orthopedic work for six months on half time. Dr. Robert B. Osgood gave her a wonderful opportunity to study in his clinics at the Massachusetts General Hospital, and planned her work with great care. She is slowly developing the work, beginning with the infantile paralysis patients who have been an important part of the work for so long, developing further the classes already established, and studying those cases of children in frames and

arthritic patients, assisting the nurses to work out helpful plans for their benefit.

The cost of running the Association for the year was \$247,771.21, an increase of \$19,806.84 over 1921. A comparison with the year previous is encouraging:

	Expenditure	Increase over	Deficit
1921	\$227,964.00	\$12,222.00	\$9,781.73
1922	\$247,771.21	\$19,806.84	\$4,517.70

The deficits have been paid from unrestricted funds.

The managers believe that there is encouragement in the fact that the support which the public gives the Association has kept pace with the increase in work. Persistent and untiring effort on the part of the Finance, Publicity, and Greater Boston Committees is responsible for this result.

Mrs. Codman was appointed to the Executive Committee of the Health League to take Miss Beard's place. The League, of which Dr. Francis X. Mahoney, Health Commissioner of Boston, is President, has more than justified its existence in the opportunity which it offers to all the health agencies of the city, both public and private, to better understand each other's purposes.

For many years members of the Boards of the Instructive District Nursing Association and the Baby Hygiene Association have been discussing the possibilities of an amalgamation of the work of the two Associations. Last winter a plan was agreed upon, acceptable to both Boards, and Miss Beard was asked to become Director of the joint Association, and has accepted.

To sum up the year's experience: We cannot recommend the running of an organization such as ours without expert professional direction. Such a course can be justified only by unusual circumstances. Two things stand out as one looks back upon the winter, the unwavering devotion of the Staff, and the spirited leadership of Mrs. Codman. The Board of Managers wish to bear evidence to the importance and significance of Mrs. Codman's contribution not only to their own work but to the development of public health nursing in general. In her vision, her courage, her sympathetic insight and her integrity, she typifies the kind of support which a Board of Management should give to its Director and her Staff in order to enable them to do their best and most effective work for their community.

ALICE W. DE NORMANDIE, For the Board of Managers.



#### SUMMARY OF WORK FOR THE YEAR 1922

CLASS OF SERVICE	PERCENT OF TOTAL CASES	PERCENT OF TOTAL VISIT
1. Acute and Communicable Diseases .	44.18	32.01
2. Chronic Diseases	9.47	16.94
3. Puerperal State and New Born	36.75	41.10
4. Infant and Child Welfare	4.10	7.44
5. Other preventive work and not nursed	5.5	2.51

No. of Baby Health Clinics	•	•	153
No. of Child Health Clinics			50
No. of Dental Clinics .			97
No. of Deliveries attended			657

PRENATAL WORK. Infant Mortality Rate . 17. per 1,000 (under 2 wks.)

MATERNITY WORK. Maternal Mortality Rate 3.23 per 1,000 cases

Well Baby Work. Infant Mortality Rate . 17.5 per 1,000 (cared for under 1 yr.)

#### **FEES**

	PAII	O PER	VI	SIT	•,	PERCENT OF TOTAL
Full Fee .						9.65
Metropolitan	Life					37.36
Part Fee .						9.40
Nothing .						43.59

#### REPORT OF THE TREASURER

This report deals only with the receipts and expenses of the Instructive District Nursing Association.

The total receipts were \$243,253.51, and the total expenses were \$247,771.21, leaving a deficit of \$4,517.70, which was taken care of by a loan from the State Street Trust Company and from the reserve fund.

Six hundred and five dollars was available from the Mrs. Arthur T. Lyman Fund, and \$471.38 was paid to nurses to compensate their loss of salary on account of sickness or other unavoidable absence from duty.

Nine hundred thirty-two dollars and twenty-six cents was available for the Comfort Fund, and \$558.80 was paid for articles to make the lives of sick patients more comfortable and cheerful.

Four thousand dollars was received for the Permanent Fund from the Trustees of the Andrew C. Slater Fund, and \$78 was given to endow a nurse for one day.

Two thousand dollars was received on account of a legacy of \$5,000 from the estate of Grace E. Reed, and \$1,000 was received, being the balance of a legacy of \$2,000 from the estate of Caroline E. Sanborn. These were added to the Reserve Fund, as no restrictions were placed on their use.

The balance of the M. Grace O'Bryan Library Fund is \$409.49. The interest on this sum is to be expended on books for the nurses' library.

## INVESTMENTS DECEMBER 31, 1922

#### Permanent Funds

	Permanent Funds		
\$7,000	Atch., Top. & Santa Fe R.R. Bonds, 4%	\$7,000.00	
	Atch., Top. & Santa Fe R.R. Adj.,		
	Bonds, 4%	1,000.00	
17,000	American Tel. & Tel. Co. Bonds, 4%	16,388.03	
5,000	American Ag. Chemical Co. Bonds, 5%	% 4,941.25	
5,000	American Ag. Chemical Co. Bonds, 7½%	4,875.00	
10,000	Cent. Hudson Gas & Elec. Co. Bonds,		
	5%	10,050.69	
10,000	Chi. Jct. Rys. & U. Stk. Yds. Co. Bonds,		
	5%	9,891.25	
5,000	Chi., Lake Shore & Eastern R.R. Bonds,		
	$4\frac{1}{2}\%$	4,925.00	
10,000	Chi., Mil. & St. Paul R.R. Bonds, $4\frac{1}{2}\%$	9,662.50	
	Chicago Telephone Co. Bonds, 5%	10,000.00	
	Chicago Union Station Co. Bonds, $4\frac{1}{2}\%$	10,000.00	
	Detroit Edison Co. Bonds, 5%	5,050.00	
	Jacksonville Electric Co. Bonds, 5%	5,100.00	
	Illinois Central R.R. Bonds, 4%	8,600.00	
	Illinois Steel Co. Bonds, 4½%	9,113.75	
	Kansas City Terminal R.R. Bonds, 4%	8,900.00	
10,000	Manitoba So. Western Col. Ry. Bonds,		
	5%	8,300.00	
10,000	Minn., St. Paul & S. S. Marie R.R.	_	
	Bonds, 4%	9,087.50	
	Montana Power Co. Bonds, 5%	9,525.00	
	N. E. Tel. & Tel. Co. Bonds, 5%	4,763.75	
	N. Y. C. R.R., Equip. Tr. Bonds, 7%	10,000.00	
	Pacific Tel. & Tel. Co. Bonds, 5%	9,868.75	
	Seattle Elec. Co. "Everett" Bonds, 5%	9,827.50	
10,000	United King, of Gt. Brit. & Ire. Bonds		
<b>#</b> 60	$5\frac{1}{2}\%$	10,000.00	
	U. S. Lib. Loan, 3rd Bonds, $4\frac{1}{4}\%$	475.00	
	U. S. Rubber Co. Bonds, 5% Western Flor Co. Bonds, 5%	8,370.00	
	Western Elec. Co. Bonds, 5%	9,900.00	\$2776
Δm	ount carried forward,		\$215,614.97

Amount brought forward,		\$215,614.97
10,000 Western Tel. & Tel. Co. Bonds, 5%	9,998.75	
100 shs. American Tel. & Tel. Co.	12,768.10	
50 shs. Chicago & Northwestern R.R.	7,901.12	
177 shs. General Electric Co.	16,113.76	
88½ shs. General Electric Co. Special Stock	885.00	
100 shs. The Pullman Co.	16,402.62	
Real Estate, 559 & 561 Mass. Ave.	24,058.23	
Real Estate, 19 No. Beacon St., Allston	6,200.00	
Cash	6,195.23	
		\$316,137.78
Reserve Funds		
8,000 American Tel. & Tel. Co. Bonds, 4%	¢= 0====	
0,000 militarian 1 ci. cc 1 ci. co. Donus, 470	\$7,853.22	
·	1,960.00	
2,000 N. Y. Cent. & H. R. R.R. Bonds, 3½% 10,000 Seattle Electric Co. Bonds, 5%	111 20	
2,000 N. Y. Cent. & H. R. R.R. Bonds, $3\frac{1}{2}\%$ 10,000 Seattle Electric Co. Bonds, $5\%$	1,960.00	
2,000 N. Y. Cent. & H. R. R.R. Bonds, 3½% 10,000 Seattle Electric Co. Bonds, 5% 500 U. S. Lib. Loan, 2nd Conv. Bonds, 4¼%	1,960.00 10,075.00 460.00	
2,000 N. Y. Cent. & H. R. R.R. Bonds, 3½% 10,000 Seattle Electric Co. Bonds, 5% 500 U. S. Lib. Loan, 2nd Conv. Bonds, 4¼% 150 U. S. Lib. Loan, 3rd Bonds, 4¼%	1,960.00	
2,000 N. Y. Cent. & H. R. R.R. Bonds, 3½% 10,000 Seattle Electric Co. Bonds, 5% 500 U. S. Lib. Loan, 2nd Conv. Bonds, 4¼%	1,960.00 10,075.00 460.00 141.75	
2,000 N. Y. Cent. & H. R. R.R. Bonds, $3\frac{1}{2}\%$ 10,000 Seattle Electric Co. Bonds, 5% 500 U. S. Lib. Loan, 2nd Conv. Bonds, $4\frac{1}{4}\%$ 150 U. S. Lib. Loan, 3rd Bonds, $4\frac{1}{4}\%$ 1,150 U. S. Lib. Loan, 4th Bonds, $4\frac{1}{4}\%$	1,960.00 10,075.00 460.00 141.75 1,077.25	
2,000 N. Y. Cent. & H. R. R.R. Bonds, $3\frac{1}{2}\%$ 10,000 Seattle Electric Co. Bonds, 5% 500 U. S. Lib. Loan, 2nd Conv. Bonds, $4\frac{1}{4}\%$ 150 U. S. Lib. Loan, 3rd Bonds, $4\frac{1}{4}\%$ 1,150 U. S. Lib. Loan, 4th Bonds, $4\frac{1}{4}\%$ 100 shs. Ludlow Mfg. Associates	1,960.00 10,075.00 460.00 141.75 1,077.25 13,500.00	
2,000 N. Y. Cent. & H. R. R.R. Bonds, $3\frac{1}{2}\%$ 10,000 Seattle Electric Co. Bonds, $5\%$ 500 U. S. Lib. Loan, 2nd Conv. Bonds, $4\frac{1}{4}\%$ 150 U. S. Lib. Loan, 3rd Bonds, $4\frac{1}{4}\%$ 1,150 U. S. Lib. Loan, 4th Bonds, $4\frac{1}{4}\%$ 100 shs. Ludlow Mfg. Associates Loan to Income	1,960.00 10,075.00 460.00 141.75 1,077.25 13,500.00 556.73	\$37,526.88
2,000 N. Y. Cent. & H. R. R.R. Bonds, $3\frac{1}{2}\%$ 10,000 Seattle Electric Co. Bonds, $5\%$ 500 U. S. Lib. Loan, 2nd Conv. Bonds, $4\frac{1}{4}\%$ 150 U. S. Lib. Loan, 3rd Bonds, $4\frac{1}{4}\%$ 1,150 U. S. Lib. Loan, 4th Bonds, $4\frac{1}{4}\%$ 100 shs. Ludlow Mfg. Associates Loan to Income	1,960.00 10,075.00 460.00 141.75 1,077.25 13,500.00 556.73	\$37,526.88
2,000 N. Y. Cent. & H. R. R.R. Bonds, $3\frac{1}{2}\%$ 10,000 Seattle Electric Co. Bonds, $5\%$ 500 U. S. Lib. Loan, 2nd Conv. Bonds, $4\frac{1}{4}\%$ 150 U. S. Lib. Loan, 3rd Bonds, $4\frac{1}{4}\%$ 1,150 U. S. Lib. Loan, 4th Bonds, $4\frac{1}{4}\%$ 100 shs. Ludlow Mfg. Associates Loan to Income Cash	1,960.00 10,075.00 460.00 141.75 1,077.25 13,500.00 556.73	\$37,526.88 409.49

\$354,074.15

#### The following Special Funds are included in the Permanent Funds

Sarah L. Upham Fund	\$24,000.00
Mary Farley Memorial Fund	500.00
Robert Charles Billings Fund	2,500.00
Cornelia P. Donald Fund	2,000.00
Abbie C. Howes Fund	10,000.00
Bertha J. Raemisch Memorial Fund	20,000.00
John E. and Mary E. Brown Fund	5,000.00
Francis H. Cummings Memorial Fund	5,000.00
Anne P. Cary Fund	10,175.00
Fannie Bartlett Fund	24,000.00
Gwynne Home Trust Fund	53,395.51
Caroline L. Weld Fund	10,000.00
Helen Homans Memorial Fund	24,000.00
Mr. and Mrs. Ithamar Beard Fund	1,566.00
Andrew C. Slater Fund	4,000.00

Balance from last account

#### CAPITAL

#### RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 1922

Permanent Funds	
48 General Electric Co. scrip sold \$65.64	
100 American Tel. & Tel. Co. rights sold 419.60	
Received from Trustees of the Andrew C.	
Slater Fund 4,000.00	
Received from Robert Homans to endow pay	
of one nurse one day 78.00	
Additions to Permanent Fund 226.04	
	\$4,789.28
Balance from last account	1,405.95
	\$6.000.00
	\$6,195.23
Reserve Funds	
Rec'd account Leg. from Est. of Grace E. Reed \$2,000.00	
Rec'd bal. Leg. from Est. of Caroline F. Sanborn 1,000.00	
	\$3,000.00
Balance from last account	9,241.39
	\$12,241.39
M. Grace O'Bryan Library Fund	
Received for above fund	\$233.35
	. 00 00

201.14

\$434.49

\$434.49

#### CAPITAL

#### EXPENSES FOR THE YEAR ENDING DECEMBER 31, 1922

Cash in State Street Trust Company	\$6,195.23
	\$6,195.23
Reserve Funds	
Transferred to General Income for Current Expenses to cover deficit of Dec. 31, 1921 Loaned to Income \$556.73 Cash in State Street Trust Co. 1,902.93	\$9,781.73
	2,459.66
	\$12,241.39
M. Grace O'Bryan Library Fund	4
Paid for Book Plate	\$25.00
Cash in New England Trust Company \$346.11 Cash in State Street Trust Company 63.38	
	409.49

### INCOME RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 1922

RECEIPTS FOR THE TEAR EN	DING DECE	MBER 31, 1922
Received from		
Dividends on Stocks	\$4,160.00	
Interest on Bonds	12,387.76	
Interest on Bank Deposits	337.94	
		\$16,885.70
Received from		
Contributions	\$85,902.09	
Contributions through local District		
Committees of Association	26,369.11	
		112,271.20
Received from		
Coöperative Agencies—		
Committee of the Permanent		
Charity Fund, Inc.	\$12,500.00	
Metropolitan Life Insurance Co.	54,924.76	
Clinics	240.08	
Industrial Establishments	55.25	
Banks and Trust Companies	2,300.00	
Simmons College—		
Salaries	3,288.00	
Postage, Office Supplies, and		
Miscellaneous Expenditures	256.73	
		73,564.82
Received from Business Firms for		
care of Employees	\$189.40	
Received from Patients' Fees	31,565.70	
		31,755.10
Received from		
Board and Lodging of Nurses,		
561 Massachusetts Ave.	\$8,287.43	
19 No. Beacon St., Allston	276.00	
18 Chelsea St., East Boston	63.80	
		8,627.23
Received from Boston Lying-In Hos-		
pital for Room Rent in 20 John		
Eliot Square		45.00
Received from miscellaneous receipts		104.46
Amount carried forward,		\$243,253.51

\$232,641.35

#### INCOME

INCOME		
EXPENDITURES FOR THE YEAR ENDING D.	ECEMBER 31,	1922
Administration—		
Salaries—Executive	\$11,346.65	
Clerical	5,415.26	
Auditor	85.00	
Car Fares and Traveling Expenses	439.09	
Automobile Expenses	962.28	
Telephones and Telegrams	1,114.61	
Printing, general work	114.78	
Postage and Special Request Envelopes	1,133.29	
Stationery and Office Supplies—		
Central House and Branch Stations	1,216.96	
Publicity	4,757.37	
Annual Meeting	30.50	
Annual Report and Review	820.75	
Subscriptions to Magazines and Papers	15.41	
Membership Fees and Contributions to Societie	es 469.00	
Miscellaneous Expenditures	369.31	
		\$28,290.26
Field—		
Salaries—Nurses	\$168,186.13	
Dentists and Physicians	1,517.00	
Housekeeper, Brighton House	360.00	
Clerical	10,165.10	
Automobile Expenses	2,534.67	
Car Fares	5,704.23	
Telephones	2,846.35	
Laundry and Cleaning	3,648.29	
Gas and Electricity	329.27	
Supplies-Nurses, Medical, Surgical, and		
Dental	2,901.58	
Record System and Filing Cabinets	1,272.71	
Equipment, Repairs, and Insurance of Branch		
Stations and Maternity Rooms	1,128.51	
Rents of Branch Stations, Maternity Rooms,		
and Storeroom	3,757.25	
		204,351.09

Amount carried forward,

Amount brought forward, Received from Trustees of the Mrs. Arthur T. Lyman Fund for Sick		\$243,253.51
Nurses and Special Nursing	\$300.00	
Received for the Comfort Fund for		
Comforts for Patients	48.25	
		348.25
Balance from last account—		
Mrs. Arthur T. Lyman Account	\$305.00	
Comfort Fund	884.01	
		1,189.01
Loan from State Street Trust Co.	\$4,000.00	
Loan from Reserve Funds	556.73	
		4,556.73
		\$249,347.50

Amount brought forward,		\$232,641.35
House-		
Salary and Wages	\$5,708.61	
Laundry and Cleaning	304.13	
Gas and Electricity	942.48	
Coal and Wood	1,079.73	
Provisions, Groceries, and Fruit	5,510.90	
Water	176.44	
Equipment and Supplies	826.88	
Repairs and Upkeep	501.29	
Miscellaneous Expenditures	79.40	
		15,129.86
		\$247,771.21
Funds—		
Paid from Mrs. Arthur T. Lyman Fund	\$471.38	
Paid from Comfort Fund	558.80	
		\$1,030.18
Cash in State Street Trust Co., belonging to-		
Mrs. Arthur T. Lyman Fund	\$133.62	
Comfort Fund	373.46	
		507.08
		\$249,308.47
Cash in hands of Assistant to Treasurer		39.03
·		\$249,347.50



## Report of the work of the Baby Hygiene Association for the year ending December 31, 1922





## BABY HYGIENE ASSOCIATION

561 Massachusetts Avenue Boston, Mass.

Organized 1909

Incorporated 1910

## AIM

Healthy Babies and Children for Boston Less Sickness — A Lower Death Rate

## **METHODS**

Maintenance of 22 district welfare stations.

Instruction in proper feeding, care, and hygiene of infants and children by means of:

Conferences with physicians at the stations, and Visits by nurses and dietitians in the homes.

Coöperation with public health authorities and social agencies on all matters affecting child welfare.

## COMPARATIVE STATISTICS FOR 1921 AND 1922

	1921	1922
Number of Infants and Children Cared for	15,894	14,693
Number admitted under one month of age	• 679	667
Number admitted 1-2 months of age	2,007	1,843
Number admitted 2-3 months of age	1,081	1,002
Number admitted 3-6 months of age	1,384	1,420
Number admitted 6-12 months of age	854	875
Number admitted 1-2 years of age	268	159
Number admitted 2-5 years of age	730	486
Total Number of New Cases Admitted	7,003	6,452
Number of Conferences	1,252	1,344
Conference Attendance	68,352	65,645
Average Conference Attendance	54.5	49
Number of Home Visits by Nurse	115,829	95,880
Number of Visits by Dietitians	26,310	24,329
Percentage of Babies Breast-fed or partially Breast-fed	78%	76.7%
Percentage of Babies Bottle-fed	. 22%	23.3%
Deaths under 1 year	122	153
Deaths between 1-2 years	• 54	62
Deaths between 2-5 years	8	- 11
Infant Mortality Rate per 1,000 Cared for	12.54	15.68

## OFFICERS AND BOARD OF TRUSTEES

January 1st, 1922, to September 1st, 1922

President RICHARD M. SMITH, M.D.

Vice-Presidents

CHARLES E. MASON

Mrs. L. Cushing Goodhue

Secretary Mrs. Augustus L. Tillson

Treasurer CHARLES E. SPENCER. IR.

Mrs. George R. Agassiz Miss Gertrude Cumings ROBERT AMORY MRS. ROBERT AMORY ROBERT W. ATKINS MISS ESTHER G. BARROWS Dr. Alice F. Blood

RICHARD M. SMITH, M.D., Chairman MRS. ROBERT L. DENORMANDIE ROGER D. SWAIM SIMON E. HECHT MRS. CHARLES E. INCHES, JR. Mrs. Carl T. Keller Francis X. Mahoney, M.D. Mrs. J. GARDNER BRADLEY HUGH NAWN Mrs. Morton P. Prince

MRS. H. D. TAFT FRITZ B. TALBOT, M.D. MRS. S. H. WALDSTEIN MISS MARGARET WINSLOW J. HERBERT YOUNG, M.D.

MRS. RICHARD P. STRONG

ADVISORY COMMITTEE DR. CHARLES W. ELIOT, Chairman

HON. JAMES M. CURLEY GEORGE H. ELLIS HORATIO A. LAMB

RALPH C. LARRABEE, M.D. MILTON J. ROSENAU, M.D. CHARLES W. TOWNSEND, M.D. ROBERT A. WOODS

MEDICAL COMMITTEE J. HERBERT YOUNG, M.D., Chairman

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JOHN LOVETT MORSE, M.D. ROBERT B. OSGOOD, M.D. OSCAR M. SCHLOSS, M.D. RICHARD M. SMITH, M.D. JOHN B. SWIFT, JR., M.D.

FRITZ B. TALBOT, M.D.

FIELD COMMITTEE MRS. RICHARD P. STRONG, Chairman

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MISS GERTRUDE CUMINGS MRS. ROBERT L. DENORMANDIE MISS MABEL R. WILSON

LOCAL COMMITTEES MRS. L. CUSHING GOODHUE, Chairman

MRS. CHARLES BELKNAP MRS. HARVEY H. BUNDY

MISS LOUISE COBURN Mrs. F. S. Dellenbaugh, Ir.

FINANCE COMMITTEE CHARLES E. SPENCER, JR., Chairman

ROBERT AMORY Mrs. L. Cushing Goodhue MRS. CARL T. KELLER CHARLES E. MASON

ROGER D. SWAIM

EXECUTIVE STAFF

WINIFRED RAND, R.N., Director

ROBERT D. CURTIS, M.D. Medical Director HELEN FALVEY, R.N.

RUTH L. WHITE, S.B. Supt. Dietetic Bureau IDA M. BROWN

Supervisor of Nurses

Associate Supt. Dietetic Bureau

MARGARET P. LENIHAN, Office Secretary

## REPORT OF THE BOARD OF TRUSTEES

THE Baby Hygiene Association was organized thirteen years ago as one of the early Associations in the country which came into being because of the realization that many infants were dying annually whose lives could be saved. The history of the development of this Association, of its gradual extension of work and the results it has obtained would be a history of the child hygiene movement in the country and throughout the world. The Association has been one of the pioneers and has gained a national prominence for its comprehensive program of work and for its substantial accomplishments. It grew from a small Association, supervising 804 infants during its first year, until last year 14,693 infants and children were under its care. The Staff has increased from 28, only 8 of whom were full-time workers in 1909, to 71 in 1922. The budget for the first year was \$9,991.10, and the expenses for last year were \$71,658.73. The growth in work and in expenses went on in accordance with a wellconsidered plan to meet the need for conserving child health. The war gave a great impetus to the general appreciation of the necessity for this work, and also increased opportunity for service.

The call for expansion has been more urgent each year and our knowledge of what could be done has become more certain. Child health cannot be perfectly protected without a consideration of the health of the whole community, and no complete child health program can be carried out apart from a city-wide general health program. The Baby Hygiene Association has realized this for some time, and during the last year a Community Health Association has been formed by the combination of the work of the Baby Hygiene Association and the Instructive District Nursing Association which promises great things in the future. The

health of the children of Boston will be protected through the work of the new Association to a degree heretofore impossible. We should be able to do all that has been done in the past and to do a great deal more. The work of the Baby Hygiene Association will be carried on and developed by the Community Health Association.

The year 1922 closed with a slight balance in the treasury. This is a most gratifying condition and is due to the increasing appreciation of the importance of health work for children. It augurs well for the future, because the work which can be done is limited only by the funds available to carry it forward.

I cannot close this brief statement without expressing my keen appreciation to all the members of the Board who have given so much time and thought to the Association during the last year.

The Staff, from the Director down, has worked unsparingly in order that the work might be efficiently done. Many mothers have smiling, happy children in their homes today because of the help given by the doctors and nurses. It is a great satisfaction to feel that Miss Rand, who has been the Director of the Baby Hygiene Association for the last three and one-half years, and to whose unselfish and farsighted devotion its development has been in large measure due, will continue to direct the work for children in the Community Health Association.

RICHARD M. SMITH, M.D., Chairman.

## \* REPORT OF THE MEDICAL DIRECTOR

SINCE the beginning of our work in 1909, our infantile death rate has shown a steady downward trend, due to the increase in size of our organization, the adoption of improved methods and the education of the community. Probably the last factor, admittedly a result of the first two, has had the greatest effect.

As our death rate has approached nearer to an ideal but indefinite low level, the reduction has necessarily been at a slower rate. Whether it will be possible to reduce it much below the level of the last two years remains to be seen. It is certain, however, that with the organization working at its present rate of efficiency the advantages which have produced an infantile death rate of 15.68 per thousand of babies cared for, might be extended to many more than the number under our care in 1922 if sufficient funds were available. The number of infants under our care is not far from 40 per cent of all the infants in the city.

It is of interest to compare the causes of death among our infants with those commonly given for infants of similar age. The figures for comparison were obtained by combining the reports from four large cities, and express the percentage of the total number of deaths.

	Infants under	Average
	our care	percentage
Acute gastro-intestinal disease	8.4%	28.0%
Pneumonia		18.5%
Specific infectious diseases	16.9%	5.4%
Convulsions	3.4%	1.9%
Tuberculosis	4.5%	2.0%

## Our percentage of deaths from other causes follows:

Other intestinal conditions	10.4%
Septic conditions	4.5%
Cause unknown	6.5%
All other causes	6.5%

In bringing acute gastro-intestinal disease under control, as we have done with increasing success, other diseases, particularly pneumonia and the acute infectious diseases (whooping cough, measles, scarlet fever and diphtheria), have come to assume a position of relatively great importance. In the latter group there were 26 deaths, 19 of which were due to whooping cough. It is significant that whooping cough cases are not admitted to hospital outpatient departments, nor is other definite provision made for their treatment in any available place.

Pneumonia is at present our greatest problem. Unfortunately its incidence depends upon some of the basic social conditions. A reduction in its death rate can be brought about by lessening the number of cases through improvements in personal and family hygiene, and improving living conditions in general, or by securing prompt medical and nursing care for cases as they occur. Obviously we must be mainly dependent on the latter course at any given time.

The group entitled "other intestinal conditions" is large enough to require explanation.

Four of this group died from intestinal obstruction.

One was premature and was neglected while the mother went to work.

One was taken from the hospital against advice during an acute illness.

One was illegitimate. The mother was of low mentality and refused to permit the baby to be taken to the hospital.

One was boarded out while the mother worked.

One was the child of an uncoöperative mother who had recently been a patient at the Psychopathic Hospital.

Ten were given hospital care at various times.

These cases are given in some detail to illustrate the fact that in the majority of cases which do poorly there are factors other than those of medical and nursing care concerned. Faulty social conditions rather than the type of disease are frequently the deciding factor in failure to recover from illness.

The distribution of mortality according to stations was in accord with the fact that poverty, overcrowding, and poor living conditions raised the number of infantile deaths. The North and West Ends, Charlestown and South Boston had a considerably greater death rate than other sections. The average rate for these four sections was 55 per cent greater than for the Association as a whole.

Among infants between one and two years old, 29 per cent of the deaths were due to pneumonia, and 38½ per cent to the specific infectious diseases. In the latter group of diseases there were 24 deaths, 2 of which were due to diphtheria, and 11 each to measles and whooping cough. This is in accord with the usual findings that measles is an important cause of death during the second year. A reduction in the number of deaths from this cause depends on the promptness and type of nursing care given.

ROBERT D. CURTIS, M.D.

## REPORT OF THE DIRECTOR

A DOCTOR, diagnosing the case of the Baby Hygiene Association for 1922, might tell us that we were suffering from "delayed reaction," for the curtailment of September, 1921, shows more plainly in the figures of 1922 than in those of the previous year. This is accounted for by the fact that we began the year 1922 with a reduced staff, one less station, and a family of 800 fewer children than on January 1, 1921. The number of admissions and the number of home visits are also less: because we are not yet back to our full quota of nurses, although there have been some additions to the Staff during the year.

The comparative statistics also show that the percentage of babies breast-fed has decreased slightly, and the death rate has increased slightly, yet it would be wrong to conclude that this was entirely due to a decrease in work. Too many factors enter in as causes of these conditions, and no one year's figures can be taken as conclusive evidence, although they call for careful consideration. Figures inevitably fluctuate from year to year, and conclusions can only be drawn from careful studies of statistics for a period of years. There is also bound to be a minimum below which we cannot expect to go.

What has been done by the Baby Hygiene Association in 1922 to better its work? First, we have been able to partially reduce the amount of curtailment of the previous year. In May, through the effort of the local committee, the Blue Hill Avenue Station was re-opened, and by October four additional nurses had been put back, one each in the North End, Roxbury Crossing, South Boston, and Charlestown. This did not add many babies to our lists, but it meant that it was once more possible to follow them for a longer period of time rather than to be subtracting some older baby each time we added a new one. In November, because of a special

contribution by the committee of the Permanent Charity Fund, a conference for pre-school children was opened at the East Boston Baby Hygiene Station, located at the Health League. In September the Health League had established itself at 16 Chelsea Street, next door to the Maverick Dispensary, and today there are housed in that center the staff of the Health League, Board of Health Nurses, Tuberculosis Nurses, the East Boston District Nurses of the Instructive District Nursing Association, and the Infant Welfare Nurse and nutrition worker for that district of the Baby Hygiene Association. Thus, a practical step in coördination has been effected.

The Dietetic Bureau has become so much a part of the Association that we have forgotten that we were ever two groups. The Bureau has had the direction of the nutrition work done by the Baby Hygiene Association, and has continued to serve other agencies as heretofore. Ten stations have the services of nutrition workers, who have concentrated on the pre-school group and who have answered the calls from other agencies as well. The need is to extend this service to the other parts of the city.

The Habit Clinic, started last year under Dr. Thom's guidance, has continued and grown into three clinics. The work has attracted the attention of people all over the country, and has even had international notice. In the spring the Children's Bureau, because of their interest in it as a piece of research work, contracted for the material gathered from the clinic in the course of a year in order to use it for a report. Workers trained in psychiatric social work have been added to the department who work under Dr. Thom's direction, and who can supplement the work of the clinic by follow-up work in the homes.

During the last year the Medical Committee, after careful consideration, voted that the Association recommend that all children between the ages of six months and six years

who were under its care be given toxin antitoxin as a preventive against diphtheria. Six months after the toxin antitoxin, the child is given the Schick test to ascertain whether or not he has become immunized. It was also voted by the Medical Committee that cod liver oil be advised as a preventive measure against rickets. Too many children in the past have had to come to operative measures to correct the bad bow-legs and knock-knees due to rickets, and it has often seemed a discouraging struggle to get ahead of this condition. The efforts of such an Association as the Baby Hygiene have had their effect, and without doubt we do not have to refer as many cases to the hospitals for operations as we used to do. Nevertheless there are still many babies who begin to show signs of rickets, and science has proven that cod liver oil is an added weapon with which to combat it.

For some time we have felt the need of relating our work as closely as possible to the work of the School Health Department, and last fall we began sending in to the schools a report on the history and the present condition of each child who passed from our care to the supervision of the school. During the latter part of the summer each child registered with the Baby Hygiene Association, who was to enter school, was given a final complete physical examination and mental test, and the findings, together with a summary of the work done, such as deformities corrected, and a record of any contagious diseases which the child may have had, were entered on a card, which was turned over to the school physician.

Last year we reported as one of our difficulties the problem of the transportation of our children to and from the Forsyth Dental Infirmary. This year we have found it most satisfactory to use one of our workers as the driver for the Red Cross ambulance, which is loaned us once a week for this purpose. It means a 7.30 A.M. start from the garage to get around to the various stations, collect the children and get to Forsyth in time to have the children in the dental chairs by nine. But it has been a sure thing each week, which is of inestimable value to efficient work.

During the last year we have worked in close coöperation with the Ruggles Street Nursery School, which is very near our Roxbury Crossing station. The nurse from the station has given daily inspection to the children at the school, and all children admitted to the school are brought to the Baby Hygiene conference for their physical examinations and mental tests as needed. Workers going into homes trying to teach right care and training for children often sigh for an opportunity to demonstrate to mothers just what right care and training will accomplish, and the Nursery School has given us that opportunity for demonstration.

As one travels the streets of Boston one sees from time to time, over various stores, the sign, "co-op." It is a sign which might be placed over the effort made for Boston's babies. Perhaps the Baby Hygiene Association has been the proprietor, but the effort has been in a real sense a coöperative one. In addition to many agencies with whom we work in close contact, the City Health Department, the Red Cross, Settlement Houses, Social Service Council of Unitarian Women, St. Paul's Cathedral, Medical Schools, Nursery Schools, Forsyth Dental Infirmary, Boston School of Physical Education, The Federated Jewish Charities, and the Maverick Dispensary have all joined in helping to actually carry out the program of health supervision for the babies and those whom, for want of a better name, we call pre-school children.

Today we are on the threshold of a larger enterprise, the aim of which will be to fuse into a more effective whole the efforts of many, and thus justify its name, "The Community Health Association."

WINIFRED RAND, R.N.

STATISTICS FOR 1922 BY STATIONS

Station	Number Super-vised	Admissions	Conference Attendance	Home Visits	Per cent wholly or partially breast-fed, Dec., 1922	Under	Death		Death rate under I yr, per 1000 cared for under I yr.
1* North End Union	1,485	621	5,782	13,937	91	25	16	3	25.72
2 Elizabeth Peabody House	365	167	1,827	3,879	89	5	2		17.42
3* Denison House	638	156	1,817	9,623	82	5	3	x	19.53
4* South Bay Union	710	283	3,226	5,975	66	5	2	0	13.77
5* Roxbury Neigh- borhood House	889	310	2,979	7,004	74	5	3	I	12.46
6* Health League, East Boston	437	182	2,473	5,639	96	5	3	0	16.18
7 Charlestown	641	383	4,551	4,420	62	17	1		27.64
8* Lincoln House	666	223	3,145	9,155	86	6	2	1	16.94
9 South Boston	~ 655	385	3,079	5,223	76	17	7	_	25.99
10* Roxbury Crossing	955	434	4,696	6,488	73	5	0	- I .	8.55
II Dorchester House	630	232	2,500	3,139	71	, 6	1	_	14.88
12* Health Unit	683	306	†5,288	6,748	88	6	1	_	12.39
13 Grove Hall	903	396	2,980	4,588	82	4.	4	_	6.41
14 Jamaica Plain	595	296	2,796	3,175	5.5	2 "	0		4.42
15* Uphams Corner	850	418	3,969	4,735	66	7	-2	0	12.82
16 Trinity Neighbor- hood House	621	338	2,751	2,745	71	8			13.05
17* Minot Street	366	147	1,439	3,408	90	9	3	0	36.14
18* House of Good Will	821	314	2,484	7,296	86	7	-10	3	17.85
19* Neighborhood Kitchen	433	131	1,695	4,800	96	. 0	1	I	0.00
20 Blue Hill Avenue	353	237	1,857	2,182	79	1	0	·	4.32
21* Nursery School	304	167.	1,149	2,977	74	4	I	. 0	19.51
22 Codman Square	693	326	3,162	3,073	58	4	0	-	7.23
Totals	14,693	6,452	65,645	120,209	76	153	62	IJ	

<sup>\*</sup> Children cared for up to school age.

<sup>†</sup> The conference for children is under the auspices of the Federated Jewish Charities and includes school children.

## FINANCIAL STATEMENT BABY HYGIENE ASSOCIATION AND DIETETIC BUREAU

JANUARY 1, 1922—DECEMBER 31, 1922

### RECEIPTS

Balance of Cash on Hand, January 1, 1922:		
Baby Hygiene Association	\$635.80	
Dietetic Bureau	1,095.99	
		\$1,731.79
Contributions:		
General	\$49,458.39	
Special	4,215.15	
Local Committees	7,453.88	
Associate Membership Dues	1,143.55	
	\$62,270.97	
Rummage Sale and Entertainments	4,733.20	
Income from Endowment	3,308.84	
Interest on Bank Balance	142.57	
Miscellaneous	85.22	
*Advanced from Capital Funds	1,000.00	
		71,540.80
Total Receipts		\$73,272.59

<sup>\*</sup>Assured income to cover this deficit to be paid early in 1923.

Note—March, 1923. Contributions to cover this deficit have been received.

#### DISBURSEMENTS

Administrative Salaries	\$10,083.77	
Nurses and Dietitians \$48,737.45		
Conference Physicians 5,063.00		
	53,800.45	
Rent, Cleaning, etc	2,588.90	
Light and Heat	214.52	
Telephone	927.23	
Postage	385.85	
Printing	498.49	
Supplies	611.98	
Equipment	349.18	
Laundry	126.77	
Carfare and Travel	449.81	
Publicity, Appeals, Annual Report	1,160.98	
Dues and Contributions	212.00	
Moving	32.50	
Auditing	25.00	
Miscellaneous	191.30	
Total Disbursements		\$71,658.73
General Fund	\$324.13	
Special Contributions	1,289.73	
		1,613.86
		\$73,272.59

### WE HEREBY CERTIFY:

- 1. That all funds shown to have been received have been accounted for, and that we have seen satisfactory vouchers for all disbursements.
- 2. That the balance of cash on hand December 31, 1922, as shown by the cash book, amounting to \$1,613.86, was on hand as of that date.
- 3. That the bank accounts of the endowment fund have been verified and show a correct balance of \$23,287.91; that the \$10,500 advanced to the general fund has been duly accounted for; and that the securities, worth \$42,629.30 at market value, were examined and all found to be on hand.

CHARLES E. SPENCER, JR., Treasurer.

T. P. Keefe, Auditor.

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UCT 2 0 1924

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## FORMS OF BEQUEST

The following forms of bequest may be used for gifts to the Instructive District Nursing Association and to the Baby Hygiene Association, respectively:

"I give and bequeath the sum of ........... dollars to the Instructive District Nursing Association, a charitable corporation duly organized and existing under the laws of the Commonwealth of Massachusetts with its principal office in the City of Boston in the said Commonwealth, to be used by it in the promotion of its lawful purposes."

"I give and bequeath the sum of ...................... dollars to the Baby Hygiene Association, a charitable corporation duly organized and existing under the laws of the Commonwealth of Massachusetts with its principal office in the City of Boston in the said Commonwealth, to be used by it in the promotion of its lawful purposes."





# The Community Health Association

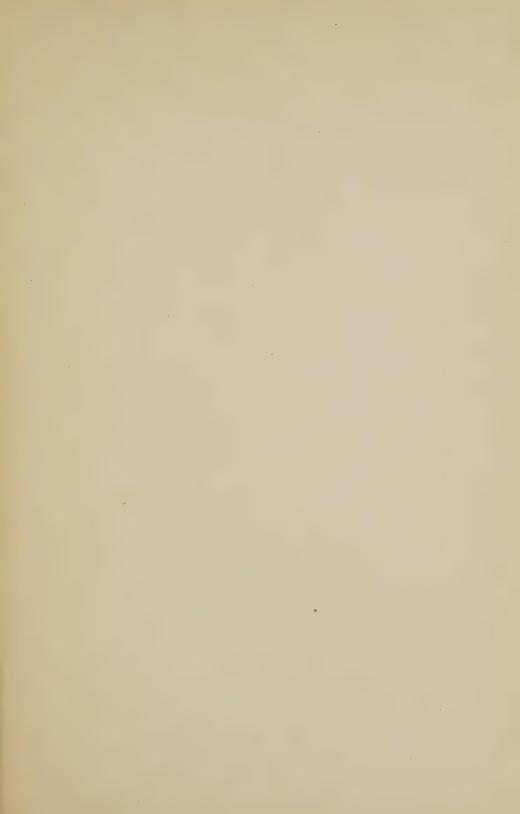
Instructive District Nursing Association
The Baby Hygiene Association

OCT 2 0 1924

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## THE COMMUNITY HEALTH ASSOCIATION

Instructive District Nursing Association

Baby Hygiene Association



ANNUAL REPORT

OCT 2 0 1924
UNIVERSITY OF ILLINOIS

THOMAS TODD COMPANY
PRINTERS
14 BEACON ST., BOSTON, MASS.

## STATEMENT BY THE PRESIDENT

HE first year of the new Community Health Association, which represents the 38th year of the Instructive District Nursing Association and the 15th year of the Baby Hygiene Association, ended December 31, 1923. The combination

of these two agencies concerned with community health was urged because of the recognition that nurses with the same aims and standards could render better results to the City under one administration than under two.

It took the best part of the year to complete the unification of the nursing groups, but the results are now showing. Greater efficiency in the use of the nurses' time, more people served by the same number of nurses, some economy in overhead expenses are already obvious.

It has been often demonstrated, and the theory is now accepted beyond dispute, that public health nurses have an important part in the program for the reduction of infant and maternal mortality, the prevention of defects in children, the protection of the health of the City as well as the care of the sick. The Community Health Association has undertaken to offer this health program to Boston, and because the present form of administration makes the service available to every one, large numbers of citizens are benefiting by it. The very success of the method of work has, however, brought with it heavier financial responsibility.

One-half of the total work is classed as preventive and educational work, for which the individuals served are not yet ready to pay, and yet it is this work which is of the greatest value in the building up of the health of the community. The small fee charged for the oversight of mother and baby does not pay the expenses. This must be subsidized by the public for the benefit of the health of the City, as must also the bedside nursing care given to those who are unable to pay the cost themselves.

The vital question in public health today is no longer, How can lives be saved and physical defects prevented? This can be done with an adequate number of public health nurses. The real question is, How can they be supported?

This first year has presented many problems. The first rough plan of organization of the Board proved in some ways inadequate and a very general re-organization of committees and assignments of responsibilities has been effected.

We announce with deep regret the resignation, because of ill health, of Mrs. Codman as first vice-president. She was a member of the Instructive District Nursing Association Board for 28 years, its president for 14. Her vision and courage were largely responsible for the amalgamation. She will continue as a member of the Board.

The expenses for 1923 were \$357,000. It was a disappointment to end the year with a current deficit of \$26,000, which was borrowed from the unrestricted funds of the Association. 1,000 subscribers to one or both of the old Associations either did not give or gave less in the new venture, and this loss represents the deficit.

For some time the Board has faced the fact that the nurses' salaries must be increased, not only to the level of a living wage, but to place them on a parity with prevailing salaries elsewhere. This was put into effect

January 1, 1924, with an increase in the budget of \$40,000.

Here, then, is the serious problem before us. We know the nurses are bringing comfort and relief into 1,500 homes every day. We know the nurses' teaching is of economic value to the City. The Country is watching the development of a generalized nursing service in a large city with great interest. Will the community

support it?

The Association is working closely with the City Department of Health in all our plans. The earning capacity of the Association is being increased and can be still further. The Board is constantly adding to the interest and support of residents in the different districts. Nearly 500 persons are serving on the district committees and the number should be far larger. Through publicity the public is being educated to understand the value of the work to the City and the individual, to the end that support may come from every one according to his means.

The responsibility of maintaining this Public Health Nursing service for the City should perhaps not rest with a private agency. The budget is very large to be raised by contribution. The Board deeply appreciates this, but hopes that if the work can be continued at the present rate for a few years, the City will assume some of the work while maintaining the same standards. But the Board can go no further in carrying out a health program than the public will support. To the 3,900 friends who made it possible last year, we extend our hearty thanks. If we may count on them again and if they in turn will encourage others, we may continue to offer the community an adequate health program.

## REPORT 1923\*



EADERS in National health work pointing to the Trend of Preventive Medicine in the United States tell us that we may extend the span of life twenty years within the coming fifty years. We may cut down our infant deaths in the first

year of life to half the present figure. We may reduce our maternal death rate very greatly. At present the United States stands at the bottom of a list of seventeen civilized nations of the world in this particular. Not only are we able to predict the effects of community health work in the immediate future, but we are able also to outline more correctly than ever before the plan of work which must be followed to produce these results most economically and effectively.

A family can be only as healthy as the neighborhood in which it lives. The infant death rate of a city is said to be the most sensitive index of its prosperity. The prevention of disease, promotion of health, relief of sickness, and protection of the neighborhood from the sick person, the correction of physical defects and disabilities — all these activities have become important factors in the organization of American life.†

"Since the war public attention has been very generally directed to methods of organizing for health in the United States. In Washington the public health service is a bureau in the Treasury Department. Its connec-

<sup>\*</sup>The material contained in this report is not confined strictly to the year 1923, but in certain particulars brings the organization up to date.

<sup>†</sup>Bulletin, National Health Council, 370 Seventh Ave., N. Y. International Health Board Rockefeller Foundation, Broadway, New York. Reports (Annual Report, 1922). Metropolitan Life Insurance Company, New York.

tion with this department had its origin in the merchant marine, which paid tariff duties directly into the treasury. The Bureau of the Census, which is responsible for the collection of vital statistics, and the Bureau of Education, which endeavors among its other duties to promote the health of school children and public health education, are in the Department of the Interior. The Children's Bureau, which, besides other health activities, administers the Sheppard-Towner funds for maternity and infant welfare, is a branch of the Department of Labor. Other federal activities pertaining to the public health are performed by other units of the federal government. Overlapping and confusion have resulted. The tendency now is to bring all work pertaining to public health into a single, compact department."\*

The progress of our Boston amalgamation of a year ago is interesting not only to ourselves but to many other health associations, official and voluntary, throughout the Country.

Conspicuous among concrete plans for effective health service is

- 1. That of bringing all voluntary health work into a close relationship with the local Department of Health. Community health programs must be co-ordinated.
- 2. Private doctors must be brought into intimate relation with the community health program.
  - 3. Promotion of periodic physical examinations.
- 4. General adoption of the use of prophylactic sera (e. g., toxin-antitoxin producing immunity from diphtheria).
- 5. Teaching of health to the individual in home, school, and working place.

<sup>\*&</sup>quot;The Trend of Preventive Medicine in the United States," John A. Ferrell, M.D., Dr. P. H.—American Medical Association.

Financing the program outlined above is dependent upon well-directed publicity. Educational propaganda alone will provide an adequate budget. This is true whether the budget is highly individualized as in a private volunteer agency, is part of a community chest plan, or comes directly for the amount of money appropriated to the Department of Health from the City Budget.

We have learned to expect to find trained workers and the organization necessary for effectively carrying out a community health program in our American cities today, but the financial organization necessary to the success of the professional plan is usually insecure, spasmodic and uncertain.

The Community Health Association has completed its first year, necessarily a year of experiment, of trial and error, of recovery and another start. To be able to record increased faith in the cause is perhaps the first hope we have seen realized. The number of voluntary workers in the Association has increased from 300 to 475 during the year. All these workers and many more are needed in the program.

Though the Community Health Association is a privately controlled, privately financed organization, it represents work which we believe is meeting an urgent civic need. The organization is designed to be representative of the various local neighborhoods, of races and religions, of men and women, and of the varied activities of our Boston neighborhoods. Our volunteer workers help make the policies, help raise the budget, help spread the knowledge of the health program, help to bring the people into contact with the local centers from which the work is conducted.

Since the work we are doing is civic work, we need to be connected as closely as may be with other civic work. We are a constituent member of the Boston Health League, comprising 27 of Boston's social agencies, which is the health section of the Council of Social Agencies. If Boston adopted the Community Chest method of financing its social work, the Council of Social Agencies would naturally be the pivot upon which the Community Chest administration would turn.

Family health is frequently dependent upon social conditions. Our public health nurses could not accomplish the results they do without the social agencies, nor could the social agencies succeed without the public health nurses. The closest inter-relation is necessary. The Boston Health League does for the many Health Agencies what the Council of Social Agencies does for all the groups. Its purpose is to promote extension of preventive work in the Department of Health and to secure co-ordination and development of services between the agencies concerned in such preventive work.

For nine years the Department of Health has maintained a Health Center in the West End in which all the principal health activities are housed. Health Centers for the City are to be built soon in five chosen localities. The North End Center is already under way. The Boston Health League, with the Commissioner of Health as its President, has taken an active part in planning the work which will go on from these centers. Dr. Charles Wilinsky, who has been Director of the West End Health Center throughout its whole existence and still holds that office, has recently become Executive Secretary of the Boston Health League. This appointment will, we believe, do much to advance an efficient and economical plan for co-ordinated health work. We are particularly to be congratulated upon it inasmuch as we have secured the retiring Secretary, Mr. Horace Morison, as Chairman of the Executive Committee.

Why does the Community Health Association exist?

Why should the public support it? What are we doing that is essential to Boston's prosperity and well-being, and could all or any of it be better done by some one else? Our supporters have a right to expect explicit answers on these points.

Boston, more than many other cities, contributes to public institutions through private donations and by means of private subscriptions. Therefore, to a certain extent, the work of the Community Health Association is in response to that local tradition, whereas in the Middle West, for instance, a large part of its program would probably always have been carried by the Official Agency. Prestige and popularity of the Community Health Association ought to be directed to our municipal Department of Public Health, and one of our first concerns must be to co-ordinate our program with that of the Department of Health and by so doing to concentrate public attention upon it.

It is of first importance to our purpose to educate and stimulate public opinion so that all such voluntary health work as ours may be co-ordinated with the program of the Boston Department of Health. Every paid worker and every volunteer worker in the Community Health Association should take an active part in forming public opinion in his or her own circle of acquaint-ances that will, ultimately, create a demand for a much larger budget for the Department of Health than the Commissioner of Health can at present secure.

At the beginning of our first annual report we cannot be too emphatic in stating this. Our very existence can only be justified by a vigorous intention to work for the general improvement of health conditions in Boston and by the recognition that our program must always be a part of that of the official health program of the City. We cannot take great credit to ourselves for an infant mortality rate among our own Commu-

nity Health Association babies under one year, of 11.46 for every 1,000 under care — admirable though this figure is — while Boston continues twelfth in a list of 14 large cities in the United States. In 1923 Boston achieved an infant mortality of 82.49 for every 1,000 born. This is the lowest in the history of Boston.

There are many reasons for this contrast between Community Health Association figures and those of the City as a whole. Our babies are a somewhat picked group. There are 11,167 under 1 year of them, only, and families moving here for a short time do not come under our care, but do enter the City statistics. We must strengthen our purpose to work for a co-ordinated, not an individual health program.

The Commissioner of Health has given us his constant and cordial support throughout the year and has shown his desire to co-ordinate our work with that of the Department of Health by authorizing a plan of work for the babies between birth and two years old, to be tried in Charlestown. In regard to this plan the Health Commissioner expresses himself in a recent communication as follows:

"This is a joint effort of the Boston Health Department and the Community Health Association, and it is our duty to make use of the kind endeavors of this Association and to show extreme willingness to co-operate, and to make use of the facilities they offer.

"This is the same program that exists at Blossom Street Health Unit, which has proven satisfactory to this Department and to every one connected with or interested in this work, and has served the district well.

"I believe that the immediate development of the above program will result in the speedy establishment of a number of health department baby hygiene stations in other sections all over the City, which cannot help but reflect great credit on the Child Hygiene Division, . . . and the Health Department."

During the first year of the Community Health Association, 439,692 visits were made to 52,286 patients and babies — 2,175 baby and child health conferences were held with an attendance of 62,957, and also 250 mothers' classes and 303 posture classes.

There was about an even distribution of the two big divisions of the work, remedial and preventive, prac-

tically 50% of each.

The maternal mortality is much lower this year, 2.07 per 1,000 cases compared with 3.33 of last year. The

City rate is also lower this year, 6.98 per 1,000.

The obstetrical service was particularly active. 773 deliveries were attended, 116 more than during 1922. There was a reduction in the infant mortality in these cases; the rate was 19.7 per 1,000 all cases and only 11.7 for the group which had prenatal care. There was also the splendid record of only one maternal death.

An increase of 544 new registered babies and a lower death rate — 11.46 for 1,000 cared for under one year of age — are the chief features of this year's work. It is interesting to note that this figure is lower than any figure of the former Baby Hygiene Association and that the City has reached the best rate in its history also — 82.49 per 1,000 under one year.

107,558 home visits were made to 19,058 babies, 14,016 of these babies were registered at the conferences and made an average attendance of 35 babies to a conference.

27,145 home visits were made to 3,856 pre-school children. An average of over 12 children attended the conferences.

969 children who had correctible defects and who were not registered with the group of the Child Health Conferences were also visited.

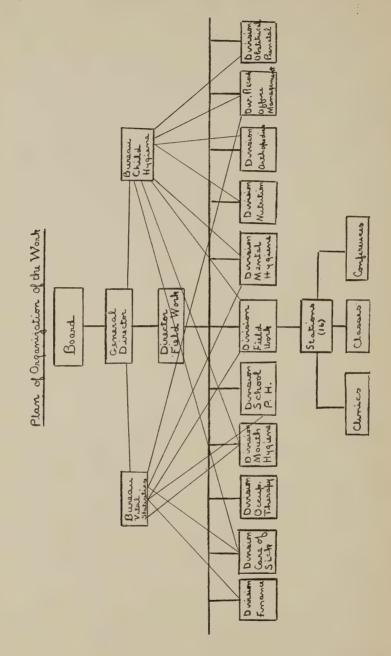
The results of the work of the year can be only partly given in statistics. At best, health statistics are deceptive guides. Our real reason for being must be sought in the neighborhoods where we are working, for it is here that experience of the value of the services of public health nurses and preventive clinics makes convincing evidence.

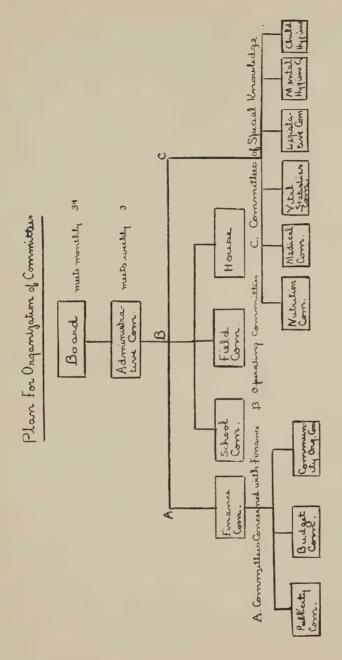
Two points are outstanding in our review of the year's work. First, our work is becoming, to a certain extent, a part of the program of the Department of Health. Second, nearly 500 volunteer workers are helping to carry out the Community Health Association program. We need even more such volunteers. Six times as many, 3,000 volunteer workers distributed throughout the centers where the nurses work, would not be too many, for there are 800,000 people in Boston, and a Community Health program needs general help and support.

We must have money for health, we may have health for money. "The U. S. is the richest nation in the world, yet of the 17 leading nations it has the highest death rate for mothers in childbirth. Statistics show that wherever the mother has the prenatal care of the visiting nurse, as well as her doctor's care, the lowering death rate for mothers and babies has been truly marvelous. With these facts and figures can any community afford not to save its mothers and babies?"\* A universal understanding of the need and a much more general distribution of the support is necessary, and that is dependent upon securing even more voluntary workers.

The following diagrams show how workers are distributed.

<sup>\*</sup>Metropolitan Life Insurance Company bulletin.





All committees come under one of three headings.— 1. Special knowledge, 2. Operating committees, or 3. Committees connected with Finance. All are closely connected with the board through the weekly executive committee meeting, where each may get immediate action on any matter presented. At each monthly board meeting some one committee is selected to make a report. The local committees attached to local administrative stations are very important to the Association. There are 15 administrative stations and 12 of these local committees. It is difficult to overemphasize their value. They have to the local work a similar relation to that existing between the board and the general executives of the Association. Policies may originate in a local committee just as they frequently do originate in one of the "Committees of Special Knowledge." Of course they do not actually become Association policies until they are acted upon by the board.

Two chairmen of local committees are members of the board and six of them are members of the nursing committee. The chairmen of all the local committees, themselves organized into an important standing committee with a member of the board as chairman, meet monthly at the Central House. Mrs. Robert DeNormandie, Vice-President of the Board, is in close touch with the work of all committees.

In developing plans of organization, we have selected two specialized parts of our work which we have called Bureaus, that of Child Hygiene and that of Vital Statistics. The resignation of Miss Winifred Rand, Director of the Child Hygiene Division, at the end of our first year, deprived the Association of an expert in child care, who is known and looked up to throughout the Country. Her place in Boston is very close to the hearts of the people, for it is to her vision and knowledge that the Baby Hygiene Association largely owes

its present success. Upon that success, the Community Health Association is building its work for babies and children.

Dr. Robert D. Curtis, Medical Director of the Community Health Association, became also Director of the Bureau of Child Hygiene on the resignation of Miss Rand.

# Committees of Special Knowledge

The committees coming under this heading are made up of people who have a particular interest in some one activity of the Association.

The Medical Committee is composed of 13 doctors representing the following subjects:—obstetrics, orthopedics, pediatrics, industrial hygiene, mental hygiene, general practise. A recent example of its functions is found in a recommendation for periodic physical examinations for the staff; it brought to the Executive Committee a detailed plan for endorsement.

The Nursing Committee and the Child Hygiene Committee, with their directors, function in a similar manner.

It is the Committee on Mental Hygiene which is now working out a plan for the further education of the staff nurses in this aspect of the disorders they meet in the home, in order that, to a certain extent, they may be equipped to deal with them; and it is they who are studying the present facilities in Boston for prevention and treatment of mental disease, so that the Community Health Association may have a more intelligent idea of how to take its part in the Mental Hygiene Program during the next five or ten years. This Committee more than any other has at heart our need for a Director of the Division of Mental Hygiene, a public health nurse who, having had special education in Mental Work, would bring also to this position a thorough

knowledge of the work of the nurses in their daily visits and so could intelligently direct their attention to ways of promoting mental health.

Where there is a Director of the Division of the work with which the Committee is connected, as in the case of the Child Hygiene, Nursing, Publicity, and Finance Committees, each separate committee acts in an advisory capacity to the Division Director.

# Operating Committees

The Executive Committee passes upon all matters brought to it by Committee Chairmen or by the General Director. It is composed of three members of the Board, with President, Vice-President, and General Director as ex-officio members. It meets weekly.

Early in September Miss Florence Patterson, Northwestern University and Johns Hopkins Hospital School of Nursing, came to us as Director of Nursing and Field Work. She is well qualified by personality and experience to fill this important position. Especially as Executive Secretary of the National Organization for Public Health Nursing in 1920 and 1921, she acquired an invaluable knowledge of public health nursing as it is carried on in many communities in the U. S. The system of generalized nursing went into effect in all the administrative stations a month after her arrival. Nearly six months have gone by since then and we are beginning to have data on which to form conclusions as to its success.

Hyde Park has been a locality where a significant demonstration of health work has been made during the past eight years. The Instructive District Nursing Association developed a health center there and showed that a generalized nursing service is practicable. Money was provided for Hyde Park, not available for other

sections, in order to try the effectiveness of these methods. The Community Health Association would, perhaps, not have felt justified in adopting the policy of generalization had it not been for Hyde Park's success. In devastated France in the region of Soissons there is today a plan of public health nursing work copied closely from Hyde Park, the first director of the new work having received her public health nursing experience in Hyde Park. Now we hope, with the cooperation of staff and station committee, to work out another model plan in Hyde Park. This time it is to be an attempt to show how to finance the rounded out health program in the community and without outside assistance.

The analysis of all figures presented in this report has been made by Miss Mae Chapin, Director of the Division of Vital Statistics.

URING the year the medical service has been lighter and while the drop has been chiefly in the acute diseases, it has extended to the chronic ones also. One can attribute a certain amount of the falling off of the acute cases to the fact that there have been fewer of most of them in the community this year; this, however, can hardly be true of the chronic diseases.

Whooping cough, chicken pox and mumps were more prevalent this year — 1,070 cases as compared with 448 of last year. There were 869 cases of measles, fewer than in 1922. The respiratory diseases were markedly fewer all the year and total to 5,765 cases compared with 7,048 of the previous year.

470 visits were made to cases of scarlet fever and diphtheria; this figure is twice as high as it was last year.

The number of visits to scarlet fever and diphtheria patients is striking inasmuch as our policy does not permit of our visiting in a family after a diagnosis of scarlet fever has been made. These visits therefore represent patients seen before the diagnosis was determined. This condition always prevails when public health nurses are visiting many homes and working under a great variety of doctors, and is found in all extensive programs of home visiting.

44,500 visits were made to 3,133 chronic cases, a decrease of more than 3,000 visits. There were 234 cases of tuberculosis, to which were made 3,231 visits; this

figure is somewhat lower than that of last year.

The nurses of the Out-Patient Department of the Boston Sanitorium visit tuberculosis patients, but these 3,231 visits were made by our nurses in response to the call of private doctors or of the Metropolitan Life Insurance industrial policy holders entitled to the service.

The prenatal work has steadily increased during the year, making a total of 583 more cases and 2,100 more visits. There was also an increase in the percentage of cases coming early in pregnancy, particularly in the group of six months' duration — an increase from 13% to 16%. After care was given to only 52% of the entire group as against 58% of last year. The records show that these patients went to hospitals, a desirable termination of our service.

Although there has been a drop in the number of cases of after care during the latter part of the year, it does not show in the yearly figure and instead a small increase is shown.

Compared to past years or to fee collections in other large cities, the fee collection was good this year, for although there was a decrease of about 7,000 nursing visits, \$34,526 was collected, nearly \$3,000 more than last year. We believe much more money will be col-

lected during the present year. Deducting the \$1,607 which was collected for preventive work, there still is an increase of about \$1,400 for the nursing work. There was also an increase in the visits paid for by the Metropolitan Life Insurance Company, 72,127 visits this year compared with 67,101 visits of the year of 1922.

In health teaching we value what we pay for more than we value what is thrust upon us, so that \$1,607 represents better results in health teaching under the new policy of charging a small sum for preventive work.

For a detailed study of the work of the past year, we must turn to the two Bureaus — of Vital Statistics and Child Hygiene — to the Division of Nursing and other field work, and to the School for Public Health Nursing.

The following statement is presented by Miss Florence Patterson, Director of the Division of Nursing and Field Work.

ITH the amalgamation of the two associations, the consequent change in program from a specialized to a generalized nursing service has demanded a high degree of mental flexibility on the part of the individual nurse and an ability to make the necessary readjustments.

A small group, unalterably converted to specialized work in baby hygiene, were unwilling to try this new type of service, and in consequence resigned from the Association. Some others, failing to make the necessary readjustments, withdrew later on in the year. The turnover of the staff has therefore been higher than normal, but no higher than had been anticipated, as similar experiments elsewhere have shown this result inevitable.

The standard of health instruction in child work has been safeguarded by intensified supervision, conferences and lectures. Three special supervisors in child hygiene have supervised the home visits of all nurses as well as the management of the baby conferences.

Conclusions arrived at after a few months' experience with a new program of public health may or may not be correct. On the other hand, the ultimate result of an experiment in public health, dependent in a large degree upon the work of public health nurses, can safely be forecast by the quality of service rendered by these nurses. The quality of service, in turn, depends upon the preparation and training of the nurse for public health work, and perhaps in no less degree upon the faith and fire within her.

The attitude and atmosphere among the group of nurses indicates an increasing enthusiasm and a staunch faith in the new plan of family work. Added to this faith, is a very perceptible increase in mental alertness, and in consequence, a more careful analysis of the family health problems. The result is that the mother is given instructions which can be practically applied to the family rather than instructions which should be applied to an individual member of the family.

Securing the nurse who has sufficient preparation and adequate training in public health is a much more difficult problem, dependent upon the plan of work and the salaries offered, but even more upon the supply of qualified nurses. The fact that seventeen of the last class graduating from the course in public health nursing at Simmons College have accepted positions on the staff of the Community Health Association, indicates that there is active interest in the plan of work. Furthermore, the fact that the salary schedule was increased at the beginning of the year, demonstrates that there is a real appreciation of the value of special training. With

these two obstacles removed, the fact remains that the number of properly qualified nurses on our staff is still inadequate for our program. The solution of this problem of limited supply is complex and reaches back to the crying need for a new type of education for nurses, which will both multiply numbers and intensify technical training.

In the meantime, we are experiencing both pride and satisfaction in the results of our efforts. An excellent health teacher frequently fails because she is not a health practitioner. Every legitimate effort is being made to conserve the health of the workers. Plans have been completed for a thorough physical examination of every worker once each year. Experience of other groups has demonstrated that this type of health supervision means better health and in consequence less loss of time because of illness.

Another step in conserving our resources has been taken in the formation of a staff council, made up of representatives elected by the groups in each of the fifteen administrative centers. These nurses in closest contact with the field have brought many valuable suggestions to the executives, and are doing much to create a fine morale and a splendid solidarity.

The most acute problem of the nursing service is to establish the proper balance, in preventive work and in nursing the sick, and in limiting the intake of both to the limitations of the budget."

Dr. Robert D. Curtis, Director of the Bureau of Child Hygiene, presents the following statement.

O BRANCH of the great subject of medicine has in recent years shown more growth than the branch which deals with disease prevention. While the principle that prevention is cheaper and more effective than cure has been accepted as an axiom applying to medicine as well as to other things, it is only within the last few years that any vigorous attempt has been made to educate physicians and nurses from this viewpoint. Preventive medicine as a profession has risen almost within the last decade from the position of being a sort of refuge for the professionally incompetent to a position which compels and receives universal respect, and no other branch of medicine can hope to yield to the community so great economic and social returns. Even at the present time its growth is more rapid than at any time in the past, and of necessity this creates a condition of uncertainty as to the best methods in achieving results which are certain to be of value from a public health standpoint. As each new department of effort is inaugurated not only must standards for the work be developed, but the community must be educated to see the value of the new type of service so unmistakably that it will seek it.

To be several thoughts ahead of the community, not excluding the majority of its professional members, on matters of public health, exposes us to minor conflicts of opinion and unavoidable delays in becoming firmly established in new fields. In more than one branch of our work the full value to the community will not be realized until other agencies have made provision to

carry it on beyond the age which comes under our supervision.

Statistics on the amount of work done and the results achieved in the various Divisions of Child Hygiene work are given elsewhere in this report. The following statements are given for the purpose of providing some understanding of these departments and the problems of expansion connected with them.

1. Prenatal Care. It is obvious that the earlier preventive work is begun the greater the returns which may be expected. Preventive work with infants should give more return than preventive work with elderly people. Similarly preventive work begun at the time when the mother first becomes pregnant yields the greatest returns of all. At present 35% of the infantile deaths during the first year occur during the first week of life. These deaths may be reduced by one-half with prenatal care. No other part of our work needs development more than this. Our methods for giving this care are well standardized and it remains for us to educate mothers to seek it early in pregnancy.

2. Delivery Service. The attendance of a nurse at delivery is of great assistance both to the mother and the physician. It insures that preparations will be made to care for the newborn infant and that it will receive close attention during the time when the physician is occupied in attending to the mother. In the absence of an attending nurse the infant must necessarily be turned over to the care of a member of the family — with the attendant dangers of untrained observa-

tion, chilling and receiving septic infection.

This service is highly valued by the physicians with whom we work.

3. Postnatal Service. With the tremendous mortality which occurs during the first week of life the value of care of the infant and instruction of the mother by

a highly trained person is obvious. This is the time during which the production of breast milk is established. The establishment of a generous supply is to a large extent dependent upon the following of a well-defined technique which can be taught by the nurse. That breast feeding is essential for the best results is obvious from the fact that the mortality among breast-fed infants is one-sixth that among bottle-fed infants.

Equally important is the proper care of the mother, for improper care during the two or three weeks following delivery is responsible for many of the cases of

maternal sepsis and death.

- 4. Infant Welfare Work. The supervision of well infants is the oldest branch of Child Hygiene work. It has been carried on for so many years that it has an established technique of proven value. Its problems are chiefly those of refinement. The community accepts its value so completely that the capacity of our nurses and stations is constantly overtaxed. Our chief concern at present is that in many sections it will be necessary either to limit the number of infants under our care or increase our facilities. We are giving a type of service that few physicians have been trained to give. In a few of the more advanced medical schools training in the care of well infants is required. Until such time as physicians generally are ready to render this type of service it is our duty to supply it. Sporadic criticism from individual physicians is frequently heard, but in general it proves to be due to misunderstanding of the service that we actually render. A work in this field of the size shown by our statistics is properly a function of the City government, and it is to be hoped that it will eventually be absorbed by that department.
- 5. Pre-school Work. To have supervised the health of an infant from the time of conception until the age of two years, and then to have him escape supervision

until such time as he comes under the attention of the school physician at the age of five or six years, is to allow much of our previous effort to be wasted. We are, unfortunately, obliged to do this with most of our infants for lack of facilities for keeping them under supervision. Under ideal conditions each infant would be graduated into a pre-school clinic instead of being discharged at the age of two years.

Each of those that we are able to keep under observation is given a periodic physical examination, and medical attention is secured for the correction of physical defects such as decayed teeth, diseased tonsils, etc. In addition there are several special types of service necessary to deal with individual cases.

a. Nutrition. Under-nutrition is the commonest defect found in childhood, and a special corps of nutrition experts is necessary to supervise the dietary of particular children and to instruct the nurses in this field.

b. Posture. It is a new conception that faulty bodily mechanics are responsible for many abnormal physical conditions. The importance and value of this conception have been recognized by the federal authorities, who have supported several especially trained workers in the Association to conduct posture classes. The results have shown the work to be of extreme value, but there is at present no provision for supporting the work beyond the first part of the summer. We wish to continue it as a necessary part of our program. Aside from securing funds for continuing it, it will be necessary to appeal to the school authorities to provide means for carrying it on with school children who have previously been under our supervision.

c. Mental Hygiene. Previous health supervision has neglected an attempt to correct faulty mental states. Whether criminals and other mentally abnormal persons are born with mental abnormalities or acquire





March 13, 1923



February 16, 1924



November 25, 1923

them because of uncorrected faulty mental habits is as yet uncertain, but there is sufficient evidence for us to judge that acquired habits are an important factor. Under the direction of Dr. Thom, "Habit Clinics" for the correction of faulty habits have been established. Evidence of the immediate value of this work to individual children is plentiful. With over 90% of our income from State taxes being spent to maintain institutions for the insane, this branch of the work has unlimited possibilities for economic returns in the prevention of insanity.

d. Poliomyelitis — after care. The only hope of eventually recovering the use of muscles affected by infantile paralysis is through the use of constant attention and massage from an especially trained person. This disease is ever present in the community, and a sufficient number of new cases is reported to us each year to make it necessary to keep trained workers to carry out the routine treatment. This can be done effectively only in the home.

#### TRACINGS OF POSTURE

A camera tracing is taken of each child as he is admitted to the posture class, and a tracing is again taken every three months to visualize the progress made.

Upper figure—Dec. 29, Hollow back, protuberant abdomen, flat chest. Feb. 16,—two months later—back less hollow, scapula less winged, chest higher and abdomen less protuberant.

Lower figure—Similar results are shown, but over a longer period of time.

Anne Hervey Strong, Director of the School of Public Health Nursing, presents the report which follows.

HE School of Public Health Nursing is now approaching the end of its sixth year. The only new work offered this year was a six weeks' course given in the summer session of Simmons College at the request of the Red Cross. The work was planned to prepare nurses to teach the Red Cross courses in Home Hygiene and Care of the Sick, or similar courses in schools and colleges. Thirty-seven nurses took the course, and the success was such that the School has been requested to repeat it during the coming summer. In addition to this course, we shall give special work for school nurses and others doing general community work. We are exceedingly glad to give work of this kind, since the School heretofore has been unable to help nurses who were employed and could give to further study only the brief period of the summer vacation.

It has not been possible to undertake any other new work this year. But much has been done to strengthen our present courses. Such achievement is inconspicuous, but it is nevertheless rendering the work we offer constantly more valuable.

The total number of students during the academic year 1923-1924 is 205, of whom one is doing part work only, leaving 204 on full time. Of this number 57 are graduate nurses, and 21 are senior pupils from hospital training schools, making a total of 78 in addition to the 37 graduate nurses in the summer session. This is a slight increase over the number in the corresponding group last year. There are 22 students in the Five Year Programme, of whom 11 are in the first two years

at Simmons College, 9 are in the affiliated hospital training schools, and 2 are in the fifth year. There are 70 in the preparatory courses given for the Children's and Deaconess' Hospitals.

Although a large number of our students come from New England, the School is by no means merely a local institution. From the 115 nurses who registered in the Nine Months' and Four Months' Courses and the summer course, 76 came from New England. This number is actually somewhat too high, since it includes a number who had no permanent residence, and therefore gave Massachusetts as their address while taking the course. If we include only those residing in Massachusetts in the real sense, the proportion from New England would be smaller. In addition to these, there have been one or more students from each of the following states: New York, New Jersey, Pennsylvania, Maryland, Virginia, Georgia, Alabama, Indiana, Kentucky, Minnesota, North Dakota, Kansas, Arkansas, also from Canada, and Japan.

Of the 15 colleges and universities giving courses in public health nursing, this School stands second in the number of students taking such work, and it is thus the second largest source of supply of women trained for public health nursing. The work that the graduates subsequently undertake and the results they achieve are a cause for much satisfaction. The demand for their services, though gratifying, is sometimes almost heartbreaking as well, for it is impossible to fill more than a small fraction of the positions for which graduates of the School are desired. Last year more than 100 positions, from all over the country, were referred to the School, in addition to all those we were able to fill. The kinds of workers asked for included staff nurses and executives for public health nursing associations, both large and small; nurses for child welfare, tuberculosis. school, and general nursing in counties and in rural communities; nurses for municipal and state departments of health; supervisors for almost every special type of work; and field supervisors and teachers for public health nursing courses.

Without adequate personnel the public health movement cannot progress or even maintain its present efficiency. The public interest therefore demands not only that Schools such as ours shall exist, but also that they shall develop their work to the utmost. Each year the need of this educational work becomes more imperative. For of all the different kinds of workers required, public health nurses are those required in the greatest numbers. And the further the movement for public health is developed, the less possible it is for nurses without special training to do the work at all.

While many can understand the need for money to carry on nursing services, there are not so many who can look even further and see the costly process of education necessary to produce the worker. The generosity of Simmons College and of individual donors, some known to us and others unknown, has made it possible year by year for the School to go on. But assured support is desperately needed, so that the School may not only continue but extend its work, and play a worthy part in fashioning the public health nurse of the future."

The work represented in these reports is saving lives, promoting positive health, preventing disability and dependency. It is only partly developed for lack of funds to extend it. As our minds dwell upon the need for such extension, we turn to the hope of further and more complete co-ordination of work through the Health League and the new health centers which are a part of the Department of Health.

A list of cities with the number of public health nurses employed in each was published recently.\* Boston headed that list. Many public health authorities tell us that "wherever the public health nurse goes in, the death rate goes down," and yet our infant mortality rate in Boston is fourth from the bottom in another recently published list showing the infant mortality rate in 29 cities.† Let us in Boston work for closer identification of the activities of our many agencies wherever that is possible, and for a much more completely coordinated plan for that which must be financed or directed separately, and, more important than either, let us strengthen the program of the Department of Health in every possible way.

A study of these reports makes our weakness evident. We are not completely filling out our services. Rather, we are in a hand-to-mouth fashion trying to catch up. in almost every service, with the constantly increasing demands. It must be like this while we continue to be family health teachers and respond to calls from more than 600 doctors and from any or all of the families represented by Boston's 800,000 population. At present we make an average of 1,500 calls to 15,000 people under care daily, but those calls do not represent an equally developed service, for out of our 15 administrative centers only 4 have maternity nurses even although the need for maternity care is so great. Prenatal cases number about 1,600 daily under care and we are proud to have so many, but, with the baby death rate in the age group 1 to 2 weeks very high indeed, we cannot but concern ourselves with the mothers who do not have prenatal care. When the babies of 2 years old are "graduated" from our clinics they need, more per-

<sup>\*</sup>Dr. Haven Emerson-Survey Buffalo Health Agencies.

<sup>†&</sup>quot;Child Health Magazine," January, 1924. American Child Health Association.

haps than when they are very young, our special oversight, but not 4,000 of the 14,000 graduated came under our care in the so-called pre-school work. Posture and nutrition services are still only very superficially related to the number of children needing them, though both services have proved necessary to the health of our children.

The number of sick people under care has been smaller, a fact probably to be attributed to the favorable health conditions of the past year.

The volume of our work is pretty evenly divided between preventive work and care of the sick. The method of conducting it — the system of generalized public health nursing — distributes the two kinds of service so that every nurse is responsible for all types of service in the homes in her own area. This is true also of pay work and non-pay. A nurse may have Metropolitan Life Insurance patients paid for completely by the company, well-to-do neighbors paying full cost or free patients, all within the same block.

Success, with our present method of generalizing, must mean a uniform standard of work for all the staff, and keeping up this standard depends upon good supervisors, both the executive supervisor in stations and the special supervisor related to various services.

The budget estimated for 1923 was \$367,520. It was determined by adding the Baby Hygiene Association budget to that of the Instructive District Nursing Association. We actually spent \$359,730.85.

For the current year we have added to the 1923 budget only for the purpose of maintaining our standard of work and workers, not in any instance for expansion of the work or even for an allowance for so-called "normal growth."

It is, I think, evident from the preceding reports that the services of the Community Health Association are needed in the community, that the community cannot do without them. Whether it is desirable that a voluntary health association should carry so large a share of this work in Boston is open to serious question. The work for the Metropolitan Life Insurance Company could not well be contracted for by a City Department of Health — therefore a careful consideration of where certain health services begin and certain others end is required in separating functions and fixing responsibility.

Perhaps the ultimate solution is to be found in a division of services all operated from health centers under the direction of the Department of Health.

MARY BEARD, General Director.

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Under the joint management of

SIMMONS COLLEGE AND THE COMMUNITY HEALTH ASSOCIATION
561 Massachusetts Avenue

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# On November 28, 1923

#### MISS MILDRED KIMBALL,

FOR MORE THAN THREE YEARS A MEMBER OF THE SOUTH BOSTON NURSING STAFF, DIED AT THE BOSTON HOMEOPATHIC HOSPITAL. IT IS TO SUCH FAITHFUL, DEVOTED SERVICE AS HERS THAT WE OWE ALL OUR SUCCESS IN LESSENING SUFFERING AND IMPROVING THE HEALTH CONDITIONS OF THE FAMILIES IN WHICH WE WORK.

#### REPORT OF THE TREASURER

During the year ending December 31, 1923, the Community Health Association received from all sources \$333,717.38; the total expenditures for the same period were \$359,730.85, leaving a deficit of \$26,013.47.

This deficit was taken care of by a loan from the State Street Trust Co. of \$13,000.00 and the balance was advanced from the reserve funds of the Investment Accounts.

In addition to the above the following receipts and expenditures were recorded against the Special Funds under our supervision.

#### Mrs. Arthur T. Lyman Fund

Of available cash amounting to \$433.62, expenditures for the year totaled \$292.60.

This fund is to compensate employees for loss of salary on account of sickness and other unavoidable absence from duty, as well as to provide night nursing service for worthy patients unable to assume the expense themselves.

#### COMFORT FUND

This fund had available cash amounting to \$911.31, of which was spent during the year \$451.00 for articles to help make the lives of sick patients more comfortable and cheerful.

#### Infantile Paralysis Workers' Tuition Fund

During the year \$500.00 was received to make it possible for nurses to attend the courses at Harvard College. The amount expended in this way was \$165.00.

#### SCHOLARSHIP FUND

Of the total receipts amounting to \$225.00, students were loaned \$200.00 to assist them in taking the course in Public Health Nursing at Simmons College.

#### M. GRACE O'BRYAN LIBRARY FUND is \$409.49.

The interest on this sum is to be expended on books for the Nurses' Library.

#### INVESTMENT FUNDS

These funds which are available for the use of the Community Health Association were increased during the year by the following bequests:

							400 000 00
Ano	nyr	noi	us Fund				\$30,000.00
			David P. Kimball				
			Ferdinand Strauss				2,000.00
6	66	66	Grace E. Reed				350.00
6	٤.	66	Rebecca Eddy .				2,000.00
6	i c	"	Annie E. Caldwell				4,000.00
6		66	Harriet S. Hazeltin	.e			5,000.00
The	Tu	lia	Lyman Fund				8 000 00

This year the subscribers' list is being omitted because of the additional expense which the printing of these names means.

# COMMUNITY HEALTH ASSOCIATION

INSTRUCTIVE DISTRICT NURSING ASSOCIATION INVESTMENTS DECEMBER 31, 1923

#### PERMANENT FUNDS

	I ERMANENT TUNDS		
\$ 7,000	Atch., Top. & Santa Fe R. R. Bds. 4%	\$ 7,000.00	
1,000	Atch., Top. & Santa Fe R. R. Adj. " 4%	1,000.00	
17,000	American Tel. & Tel. Co. " 4%	16,388.03	
5,000	American Agri. Chemical Co. " 5%	4,941.25	
5,000	American Agri. Chemical Co. " $7\frac{1}{2}\%$	4,875.00	
10,000	Cent. Hudson Gas & Elec. Co. " 5%	10,050.69	
10,000	Chi. Jt. Rys. & U. Stk. Yds. Co. " 5%	9,891.25	
5,000	Chi., Lake Shr. & Eastern R. R. " 4½%	4,925.00	
10,000	Chi., Mil. & St. Paul " 4½%	9,662.50	
10,000	Chicago Union Station Co. "4½%	10,000.00	
5,000	Detroit Edison Co. 4276	5,050.00	
	Jacksonville Electric Co. 5%		
5,000	Jacksonville Electric Co. 570	5,100.00	
10,000	Tilliois Central R. R.	8,600.00	
10,000	Tilliois Steel Co. 4270	9,113.75	
10,000	Kansas City Terminal K. K. 7/0	8,900.00	
10,000	Lackawaiiia Steel Co. 570	9,033.75	
10,000	Maintoba 50. Western Cor. Ry. 576	8,300.00	
10,000	Minn., St. Paul & S. S. Marie R. R. " 4%	9,087.50	
10,000	Montana rower Co.	9,525.00	
10,000	New England Tel. & Tel. Co. " 5%	9,633.75	
10,000	N. Y. Central R. R. Equip. Tr. " 7%	10,000.00	
2,000	N. Y. Cent. & Hudson Riv. R. R. " 3½%	1,460.00	
10,000	Pacific Tel. & Tel. Co. " 5%	9,868.75	
10,000	Seattle Electric Co. " 5%	9,600.00	
10,000	Seattle Elec. Co., "Everett" " 5%	9,827.50	
10,000	Southern Calif. Edison Co. " 5½%	9,620.00	
10,000	United King. of Gt. Brit. & Ire. " 5½%	10,000.00	
500	U. S. Liberty Loan 3d "44%	475.00	
1,150	U. S. Liberty Loan 4th " 41%	1,127.00	
10,000	Western Tel. & Tel. Co. " 5%	9,998.75	
10,000	United States Rubber Co. " 5%	8,370.00	
100	shares American Tel. & Tel. Co.	12,768.10	
50	" Chicago & Northwestern R. R.	7,901.12	
180	" General Electric Co.	15,784.01	
177	" General Electric Co. Special Stock	1,770.00	
100	" Ludlow Mfg. Associates	14,100.00	
100	" Pullman Co.	16,402.62	
200	Real Estate, 559 and 561 Mass. Ave.	24,058.23	
	Real Estate, 19 No. Beacon St., Allsto		
	Cash	106.24	
		100:21	\$340,514.79
	Reserve Funds		95 10,52 1117
8,000	American Tel. & Tel. Co. Bds. 4%	\$ 7,853.22	
500	U. S. Lib. Loan 2nd Conv. "4\frac{1}{2}%	460.00	
150	U. S. Lib. Loan 3rd "44%  44%	141.75	
130	C. S. Lib. Loan sid		
	Loan to Community Health Ass'n	36,000.00	
	Accrued Interest advanced	147.15	
	Cash	56.48	11 (50 (0
			44,658.60

\$385,173.39

#### TITLED AND MEMORIAL NURSES AND DAYS

Individuals and organizations interested in the work of the Instructive District Nursing Association have made contributions under specific conditions, often as memorials. These memorials have taken various forms, as is shown in the following list.

#### NURSES

#### **ENDOWED**

THE FANNIE BARTLETT NURSE

Muriel Cameron, R. N. Staff Nurse, Field's Corner

THE HELEN HOMANS NURSE

AGNES V. MURPHY, R. N. SUPERVISOR, NORTH END

THE BERTHA J. RAEMISCH NURSE

Anne M. Devanny, R. N. Supervisor, South Boston

THE SARAH S. UPHAM NURSE

ALICE L. MACODRUM, R. N. SUPERVISOR, CODMAN SQUARE

#### ENDOWED FOR SIX MONTHS ANNUALLY

THE ANNE P. CARY NURSE

MARY P. STUART, R. N. STAFF NURSE, BRIGHTON

THE CLARA ENDICOTT DEBUCHY NURSE

ELIZABETH G. MILLER, R. N. ASSISTANT SUPERVISOR, SOUTH END

#### SUPPORTED FOR ONE YEAR

THE THERESA H. BLAKE NURSE

Julia C. Kelly, R. N. Staff Nurse, North End

THE HELEN E. CARY NURSE

Mary McAvoy, R. N. Staff Nurse, South Boston

CODMAN NURSE

SADIE E. MILLER, R. N. ASSISTANT ORTHOPEDIC SUPERVISOR

THE FARMINGTON NURSE

Geneva A. MacDonald, R. N. Assistant Supervisor, Orchard Park

THE REBECCA A. GREEN NURSE

Lois M. Pope, R. N. Staff Nurse, South End

THE "IN MEMORIAM" NURSE

DOROTHY D. SYKES, R. N. STAFF NURSE, SOUTH END

THE MARY MINOT NURSE

MARY E. WELCH, R. N. ASSISTANT SUPERVISOR, NORTH END

THE LEE K. NEWMAN NURSE

EVA A. WALDRON, R. N. SUPERVISOR, ORCHARD PARK

THE CORA WELD PEABODY NURSE

Laura A. Draper, R. N. Supervisor, East Boston

THE MR. AND MRS. JAMES S. STONE NURSE

IRENE WOLFENDEN, R. N. ASSISTANT SUPERVISOR, WEST END

THE JUNIOR LEAGUE OF BOSTON NURSE

GERTRUDE E. POST, R. N. SUPERVISOR, ROXBURY

#### SUPPORTED BY CHURCHES

ARLINGTON STREET CHURCH

HELEN J. MARBLE, R. N.

STAFF, WEST END

KING'S CHAPEL

ADELAIDE M. HUDSON, R. N.

SUPERVISOR, CHARLESTOWN

OLD SOUTH CHURCH

LILLIAN M. KLAPACS, R. N. EDITH PRICE, R. N. GRACE WILLIAMS, R. N.

STAFF, SOUTH BOSTON STAFF NURSE, CHARLESTOWN STAFF NURSE, RONBURY

#### DAYS

SUPPORT OF TWO STATIONS: ONE DAY

November 14 In memory of Rev. and Mrs. Ithamar W. Beard on Miss Mary
Beard's birthday by nurses—staff, students, substitutes of the
Instructive District Nursing Association, South Boston and
Charlestown Stations.

#### ONE NURSE

Easter Even Anonymous.

Easter Even Anonymous.

April 10 In memory of A. L. H.

October 8 In memory of Mrs. Abbie B. Holbrook.

December 24 Supported by Mrs. William B. Garritt and Miss Elizabeth M. Garritt.

Jaiint.

#### SUPPORTED FOR ONE DAY

Entire Organization

May 28 In memory of Mrs. William A. Donald and Mr. Gordon Donald.

January 30 In memory of Miss Julia Lyman.

#### ONE STATION

Supported by Mrs. William B. Garritt and Miss Elizabeth M. Garritt.

# COMMUNITY HEALTH ASSOCIATION

# , BABY HYGIENE ASSOCIATION INVESTMENTS December 31st, 1923

DECEMBER 31ST, 1923			
Name	Rate	Due	Amount
CASH:	4101		41.070.41
Boston Five Cents Savings Bank	4½%		\$1,979.31
Cambridge Savings Bank	5%		1,000.00
Charlestown Five Cents Savings Bank	5%		3,000.00
Commonwealth Trust Company	4%		6,798.93
Commonwealth Trust Company—Checking	2%		2,526.03
Franklin Savings Bank	4½%		793.20
Salem Five Cents Savings Bank	$4\frac{1}{2}\%$		1,000.00
Warren Institution for Savings	4½%		3,000.00
Investments			0.500.00
Loan to General Fund			9,500.00
20 shares American Tel. & Tel. Co.	51 <i>ot</i>	11/1/40	2,062.50
\$5,000 American Tel. & Tel. Co.	52%	11/1/43	4,925.00
10 shares Bigelow-Hartford Carpet Co., Pfd.			900.00
10 "Boston & Albany Railroad 5 "Boston Elevated Railway, Pfd.			1,215.00
5 "Boston Elevated Railway, Pfd.			510.00
10 " Chicago, Milwaukee & St. Paul, Pfd.	~.	c 11 10 c	390.00
\$4,000 Chicago N. W. Equipment	5's	6/1/26	3,972.40
1,000 Chicago Northwestern	7%	6/1/30	1,005.25
1,000 Chicago Union Station	$6\frac{1}{2}\%$	7/1/63	989.88
2,000 City of Boston Registered	4's	1/1/34	1,970.00
1,000 Duquesne Light Co.	6's	7/1/49	984.67
4 shares Edison Electric Ill. Co. of Boston			628.97
8,000 Edison Electric Ill. Co. of Boston	5½%	* *	8,073.67
1,000 General Electric Co., Deb.	5%	9/1/52	895.28
12 shares Ludlow Manufacturing Associates			1,422.75
2,000 New England Tel. & Tel. Co.	5%	6/1/52	2,038.56
2,000 Northern Pacific Ry. Co.	6%	7/1/2047	2,220.67
24 shares Pacific Mills	6%		2,352.00
10 "Pepperell Manufacturing Co.			1,800.00
8 "Savannah River Lumber Co., Com. \\ 10 "Savannah River Lumber Co., Pfd. \\			100.00
10 "Savannah River Lumber Co., Pfd. 5			100.00
10 "Seamless Rubber Realty, Pfd.	6%		1,000.00
1,000 Southern Pacific Ry. Co.	7%	6/1/35	1,015.44
25 shares Springfield Gas & Light Co.			912.50
5,000 Standard Oil Co. of California	5%	8/1/27	4,987.50
1,000 Terre Haute Traction & Light Co.	5%	5/1/44	1,000.00
2,700 U. S. Liberty Bonds 3rd	41%	1928	2,643.25
50 U. S. Liberty Bonds 44's	41%	1938	50.00
500 U. S. Liberty Bonds 1st Reg.	41%	1947	500.00
5,500 U. S. Treasury Notes	41/2%	1927	5,472.50
2,000 U. S. Steel Company	5%	4/1/63	2,106.89
15 shares Western Union Tel. Co.	7%	., .,	1,290.00
2,000 Western Union Tel. Co.	$6\frac{1}{2}\%$	8/1/36	2,267.56
2,111	-2,0	-/-/50	
T (D1 H110)			\$91,299.71
Income (Balance Held Over)			115.41
Total			\$91,415.12

# Community Health Association

# ANNUAL REPORT December 31, 1923

EXPENDITURES

Administration Statistical (includes M. L. I. Co. clerks \$1,768) 4.13 Accounting 6.31 Equipment Publicity and Campaign Field (includes Nutrition and Posture work, also 9.25 Mental Hygiene) House Supplies Note Interest 1.82 Note Interest 5.50 Miscellaneous 9.33 7.38 3.47	### \$17,189.24 3,473.49 374.13 165,340.31 25,000.00 6,972.85 60,099.25 60,099.25 44,598.26 6,653.20 3,371.82 395.50 249.33 \$333,717.38 \$333,717.38 \$333,717.38 \$335,730.85	\$17,189.24 3,473.49 374.13 165,340.31 25,000.00 6,972.85 60,099.25 60,099.25 64,559.26 6,653.20 3,371.82 395.50 249.33 \$333,717.38
8774079937941118	rred) \$17  rred) 165 25 66 60 ane income) 44  \$3333, \$3333,	rred) \$17  rred) 165  660 600 ene income) 44  \$3333  \$3333

50.00

15,000.00

1,000.00

# COMMUNITY HEALTH ASSOCIATION

The following Special Funds are included in the Permanent Funds of the Instructive District Nursing Association:

Sarah L. Upham Fund	\$24,000.00
Mary Farley Memorial Fund	500.00
Robert Charles Billings Fund	2,500.00
Cornelia P. Donald Fund	2,000.00
Abbie C. Howes Fund	10,000.00
Bertha J. Raemisch Memorial Fund	20,000.00
John E. and Mary E. Brown Fund	5,000.00
Francis H. Cummings Memorial Fund	5,000.00
	10,175.00
Anne P. Cary Fund	
Fannie Bartlett Fund	24,000.00
Gwynne Home Trust Fund	53,395.51
Caroline L. Weld Fund	10,000.00
Helen Homans Memorial Fund	24,000.00
Mr. and Mrs. Ithamar Beard Fund	1,566.00
Andrew C. Slater Fund	4,000.00
Julia Lyman Fund	8,000.00
Anonymous	78.00
Anonymous	78.00
In Memory of "A. L. H."	78.00
In Memory of Mrs. Abbie P. Holbrook, by Mr. and Mrs. Walter	
H. Holbrook.	78.00
By Mrs. William B. and Miss Elizabeth M. Garritt	78.00
by Wils. William B. and Wilss Enzabeth Wi. Garriet	70.00
The following Special Funds are included in the Baby Hygiene	Association
Endowment Funds:	
C ' T ' M I M 'IE I	#11 202 40
Caroline Louise Moseley Memorial Fund	\$11,393.40
S. B. Thing Fund	5,051.56
Greater Boston Campfire Girls' Fund	500.00
Marshall Legacy	55,501.30
Robert W. Atkins Fund	1,158.30
Abbie T. Vose Fund	1,014.90
J. M. Herman Fund	250.00
H. P. Kidder Fund	495.66
	FO 00

Olive M. Stevens Fund.....

OCT 2 0 1924

University of Illinois

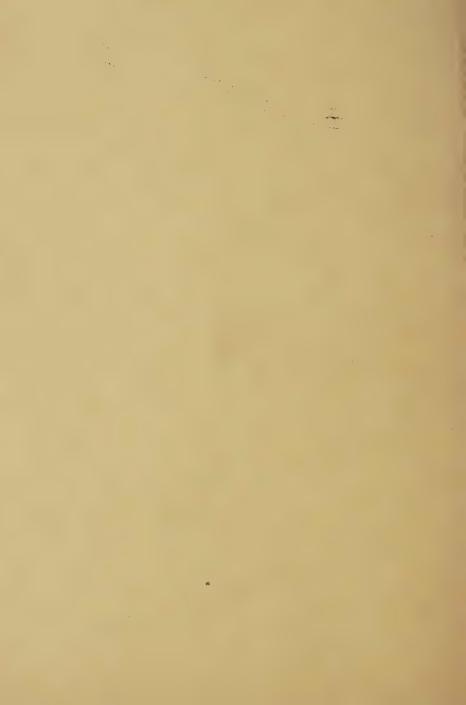


# FORMS OF BEQUEST

The following forms of bequest may be used for gifts to the Instructive District Nursing Association and to the Baby Hygiene Association, respectively:

"I give and bequeath the sum of ................ dollars to the Instructive District Nursing Association, a charitable corporation duly organized and existing under the laws of the Commonwealth of Massachusetts with its principal office in the City of Boston in the said Commonwealth, to be used by it in the promotion of its lawful purposes."

"I give and bequeath the sum of ................. dollars to the Baby Hygiene Association, a charitable corporation duly organized and existing under the laws of the Commonwealth of Massachusetts with its principal office in the City of Boston in the said Commonwealth, to be used by it in the promotion of its lawful purposes."



# The Community Health Association

Instructive
District Nursing Association
Baby Hygiene Association



FOR THE YEAR 1926
THE LIBRARY OF THE

APR 1 9 1939
THE VIEW OF THE PROPERTY OF ILLINOIS

502 PARK SQUARE BUILDING, BOSTON



# The Community Health Association

Instructive
District Nursing Association
Baby Hygiene Association

THE LIBRARY OF THE APR 191939 UNIVERSITY OF ILLINOIS

ANNUAL REPORT FOR YEAR 1926

# THE SERVICES OF THE ASSOCIATION

# General Nursing

To make possible for persons of all ages skilled nursing care in time of illness, in both medical and surgical cases.

#### Communicable Disease Nursing

To (1) give nursing care, (2) guard against the sequelae of the communicable diseases, and (3) prevent the spread of infection.

# Prenatal Supervision

To insure for the baby the best possible start in life, and to aid the mother in maintaining good health, and in preparing for her baby.

# Attendance at Time of Confinement

To assist the doctor, thus making for better obstetrics in the home, and to provide skilled care for the newborn baby.

#### Postnatal Care

To safeguard the baby during the most hazardous period of his life, the first two weeks, and to guard the mother against complications of the postpartum period.

#### Mental Health Work

To carry on preventive work in the field of mental health, in cooperation with all the mental and neurological clinics. This work is directed by an experienced psychiatric social worker.

# Infantile Paralysis After-Care

To ameliorate the after-effects of infantile paralysis by means of massage and muscle training. Nurses conducting this work have had special training in physiotherapy in connection with the Harvard Infantile Commission.

# Nutrition Service

The Association employs four nutrition workers, who advise as to dietary problems, particularly those of prenatal patients.

# REPORT OF THE PRESIDENT

HE annual report of the Community Health Association is so presented as to give you a picture of the work of the Association with the minimum demand on your time.

I urge that you glance through the report in order to obtain a mental picture of the nature and scope of the work of this great home nursing organization. Our nurses are each day making over eight hundred visits, attending the sick and giving instruction in the rules of health. We believe the work essential to the well-being of the community.

The pictures are representative of the patients, while the charts show the number of visits made during the year, the sources of demand for the nurse's services, and where our money comes from and where it goes.

In a campaign for funds in January we were successful in practically providing for our budget needs for the year 1926. But annual campaigns are expensive and necessarily make uncertain our plans for the future.

I therefore wish to urge upon you our sincere desire to have you consider yourself an *annual* subscriber, creating for the Community Health Association a permanent place on your annual gifts budget.

It is our hope also that we may in the coming years build up, through gifts and legacies, the permanent endowment of the Association, thereby assuring for coming generations the nursing service in the care and prevention of sickness which the Community Health Association has already been providing the City of Boston for over forty years.

Malcolm Donald,

President



DAILY AT WORK IN THE CARE AND PREVENTION OF SICKNESS

# REPORT OF THE GENERAL DIRECTOR

ORTY years ago this association was organized to give skilled nursing care to the sick in their homes and to teach the family practical ways of maintaining health.

A constantly changing environment, altered social conditions, progress in medical science and in public health administration have required continual but gradual changes in our program as well as in method and in technique. However, through all these years the purpose of the association has remained unchanged.

The emphasis during the year has been placed upon improving the quality of the general family health work. To this end the nutrition work has been extended by the addition of a fourth nutrition worker and a new type of service made possible by the acquisition of a mental health worker.

The health instruction given by the nurses has become more complete and more practical through the availability of expert advice and consultation with the nutrition workers in those families where dietary problems and adjustments in budgets are of primary importance. The result has been more effective teaching in diet for health in all home visits.

For several years another inadequacy in our family work has been apparent in the failure to recognize the signs of mental maladjustment and the early symptoms of mental disease. With the encouragement and advice of Dr. C. MacFie Campbell and Dr. Douglas Thom, a psychiatric social worker of long experience was added to the staff the first of the year. Through small group discussions and case conferences it was evident within a few months that nurses with adequate supervision and this expert guidance may also become potent factors in promoting mental health. In this as in all other types of work the nurse recognizes the symptoms and assists in securing proper medical care. A second mental health worker was added during the year and this type of service now promises to be one of

the most valuable experiments which the association has undertaken.

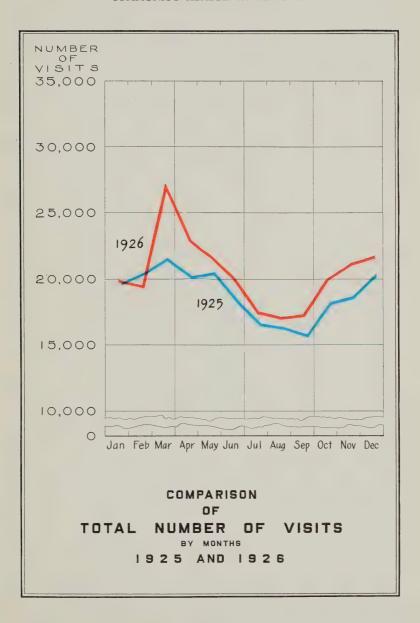
However, the nursing care of the sick remains the first responsibility of the association and this work has shown a large increase over last year.

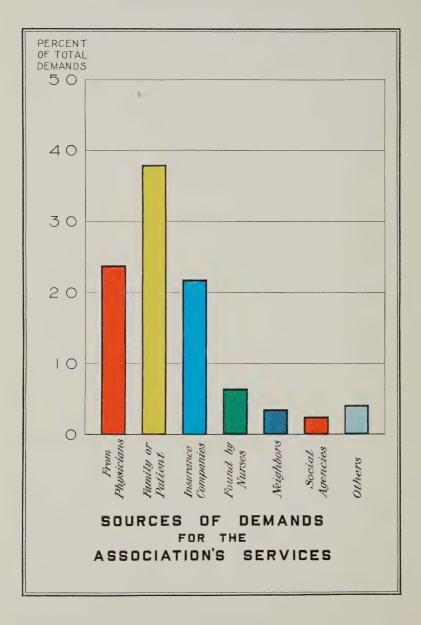
The maternity work, including prenatal care, service at confinements, and postnatal care, represented almost 50 per cent of the entire work. Over five thousand expectant mothers were under prenatal care, about one half of whom were under hospital clinic care and the others under the care of private physicians. The maternal mortality and the early infant mortality in this group shows a very significant reduction in comparison with the rates for the entire city. The mothers' clubs have increased in attendance in an encouraging way. Over eight hundred deliveries were attended and this service has recently been extended to all districts.

The study of the program and the work of the association made by Professor C. E. A. Winslow during the year has been of inestimable value. While he found the work fundamentally sound, his recommendations promise a healthier and a more useful life for the organization.

FLORENCE M. PATTERSON, R.N.

General Director





# STATISTICAL REPORT

# WORK OF THE YEAR OF 1926

Number Cared	Under care first of	year			2,126
for: 33,228	New during year				31,102
	Total .				33,228
Visits Made:	Nursing .				203,326
249,297	Prenatal .				21,730
	Corrective .				4,843
	Mental health				986
	Nutrition .				2,781
	Absent	•			14,768
	In behalf of patient	ts			863
	Total .				249,297
Deliveries: 809	Number of deliver	ies a	tteno	led	809
Mothers' Clubs 385	: Number of classes Class attendance	•			385 2,623

# FINANCIAL REPORT

# December 31, 1926

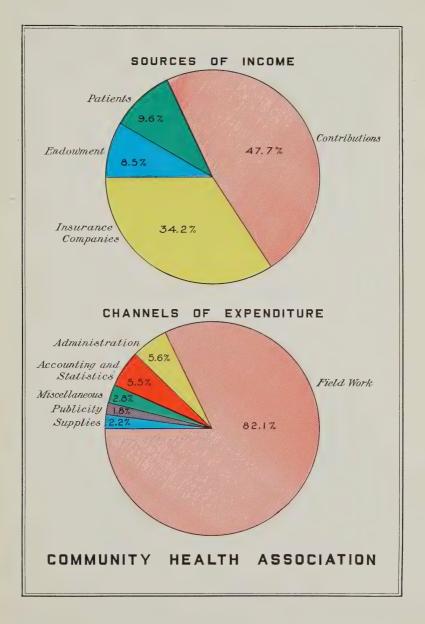
# **INCOME**

From Invested Funds:					
Instructive District Nursing Association	\$21,932.01				
Baby Hygiene Association	3,973.92				
Baby Hygiene Association, account John Collamore					
Hatch Trust	715.00				
Interest on Bank Accounts	1,057.20				
Interest on Investments	930.28				
Donations less Campaign Expenses	140,971.68				
Permanent Charity Fund	19,750.00				
Field Income (General) \$32,381.43					
*Metropolitan Life Insurance Company 84,378.63					
*John Hancock Life Insurance Company 33,594.14					
	150,354.20				
Miscellaneous	23.55				
	\$339,707.84				
EXPENDITURES					
Administration	\$15,867.46				
Statistical, Accounting and Publicity	21,790.41				
Rent and Equipment (Central Office)	5,063.57				
Health Supervision of Employees	847.00				
Supplies (Net)	6,266.71				
Field	233,402.60				
Reserve	56,470.09				
	\$339,707.84				

INGERSOLL BOWDITCH,

Treasurer

<sup>\*</sup> Fees paid for attendance on policy holders.



# **ADMINISTRATION**

# CENTRAL OFFICE 502 Park Square Building

FLORENCE M. PATTERSON, R.N., General Director
LAURA A. DRAPER, R.N., Assistant Director
MAE CHAPIN, R.N., Statistician
ADA MOSER, Nutrition Supervisor
SALLY A. PEW, R.N., Maternity Supervisor
MARGARET M. COLEMAN, R.N., Orthopedic Supervisor
MARIE L. DONOHOE, Mental Health Supervisor

# DISTRICT OFFICES

#### ADMINISTRATIVE CENTERS

19 North Beacon Street BRIGHTON Charlestown 3 Thompson Square CODMAN SQUARE 601 Washington Street FIELDS CORNER 204 Adams Street UPHAM'S CORNER 748 Dudley Street Dudley — Grove Hall 144 Dudley Street, Roxbury EAST BOSTON 79 Paris Street HYDE PARK 1259 Hyde Park Avenue JAMAICA PLAIN Curtis Hall, South Street NORTH END 41 North Margin Street ROSLINDALE — WEST ROXBURY, 758 South Street, Roslindale ROXBURY 20 John Eliot Square SOUTH BOSTON 555 Broadway SOUTH END 70 Emerald Street WEST END 17 Blossom Street



JUST ONE OF MANY
CRIPPLED WITH RHEUMATISM, SHE HAS BEEN OUR PATIENT
FOR THREE YEARS



PARTIALLY PARALYZED FROM BIRTH, THIS BABY HAS BEEN SAVED FROM LAMENESS BY SKILLED TREATMENT

# BOARD OF MANAGERS 1926

#### President

Mr. MALCOLM DONALD

1 Federal Street

#### Vice Presidents

Mrs. Robert L. DeNormandie

357 Marlborough Street

Miss Gertrude W. Peabody 13 Kirkland Street, Cambridge

#### Treasurer

Mr. Ingersoll Bowditch

111 Devonshire Street

#### Secretary

Mrs. Gardiner H. Fiske

206 Beacon Street

Mr. Robert Amory

Mrs. Nathaniel F. Aver

Dr. Alice F. Blood

Mrs. William Borland

Mrs. J. Gardner Bradley

Mrs. A. B. Carmichael

Mr. B. Preston Clark

Mr. Howard Coonley

Mr. Walton L. Crocker

Mrs. Philip S. Dalton

Mr. William Arthur Dupee

Miss Lina H. Frankenstein

Mrs. L. Cushing Goodhue

Mrs. Francis C. Gray

Mrs. N. Penrose Hallowell

Mrs. John C. Hunt

Mrs. James Lawrence

Robert B. Osgood, M.D.

Mr. Richard C. Paine

Mrs. Francis W. Peabody

Mr. James J. Phelan

Stephen Rushmore, M.D.

Richard M. Smith, M.D.

Mr. Felix Vorenborg

Mrs. C. Sinclair Weeks

Miss Margaret Winslow

# Members ex-officio

Francis X. Mahoney, M.D. Miss Marion M. Rice, R.N. Miss Sally Johnson, R.N.

# THE LIBRARY OF THE APR 191939 UNIVERSITY OF ILLEGECAL CHAIRMEN

(Members ex-officio of Board)

Brighton: Mrs. Gardiner E. Thorpe

4 Ashford Court, Allston

Charlestown: Miss Margaret M. Whalen

61 Monument Avenue

Dorchester: Mrs. A. B. CARMICHAEL

23 Milton Avenue

Hyde Park: Mrs. E. Van D. Tirrell

60 Beacon Street

Jamaica Plain: Mrs. Fred P. Kinney

17 Eliot Street

Roslindale: Mr. Frank H. Parker

10 Rawston Road

Mrs. Jackson S. Potter

19 Congreve Street

West Roxbury: Miss Emma M. Nichols

36 Maxfield Street

Roxbury: Miss Alice Falvey

135 Bay State Road, Boston

# FORMS OF BEQUEST

The following forms of bequest may be used for gifts to the Instructive District Nursing Association and to the Baby Hygiene Association, respectively:

"I give and bequeath the sum of.............dollars to the Instructive District Nursing Association, a charitable corporation duly organized and existing under the laws of the Commonwealth of Massachusetts with its principal office in the City of Boston in the said Commonwealth, to be used by it in the promotion of its lawful purposes."

"I give and bequeath the sum of......dollars to the Baby Hygiene Association, a charitable corporation duly organized and existing under the laws of the Commonwealth of Massachusetts with its principal office in the City of Boston in the said Commonwealth, to be used by it in the promotion of its lawful purposes."

